MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14420

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. Evangelical Hospital St. Ward)
Registration District No. 395
Primary Registration District No. 1008
File No. 1940
Registered No.

2. FULL NAME Walter Tobin
(a) Residence. No. 5114 Baltimore St., 8 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna G. Tobin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 7 - 1885

7. AGE Years -46- Months -0- Days -18- If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman 172
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Phillips Petroleum Corp

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

PARENTS
10. NAME OF FATHER Michael Tobin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER First name Unknown Nagher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Anna G Tobin
(Address) 5114 Baltimore

15. FILED 4/27, 1931 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/25 1931

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1931, to Apr 25, 1931 that I last saw him alive on Apr 25, 1931, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Ulcerative Endocarditis
91A
36 about (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemolytic Streptococcus
Infections (duration) about yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harold B Clark, M. D
4/26, 1931 (Address) 1223 Professional Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Purdy - Mo
DATE OF BURIAL Apr. 27 1931

20. UNDERTAKER R. V. Lindsey & Sons Inc
ADDRESS City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.