

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

Do not use this space. ✓

26068

1. PLACE OF DEATH
 48 County Jackson Registration District No. 396
 Township Fort Osage Primary Registration District No. 6552
 City Lake City (No. St. Ward) 49

2. FULL NAME E. Uster Toler
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 11 yrs. 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 Cora Bell Toler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1888
 7. AGE YEARS 42 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 17
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. rock quarry
 10. Date deceased last worked at this occupation (month and year) August 12, 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Linn Creek /
 (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME Greenbury Toler

14. BIRTHPLACE (CITY OR TOWN) Linn Creek
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elva Patterson

16. BIRTHPLACE (CITY OR TOWN) Linn Creek
 (STATE OR COUNTRY) Missouri

17. INFORMANT Dewey Toler
 (ADDRESS) Buckner, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Buckner DATE Aug. 14, 1932

19. UNDERTAKER Vernon M. Reppert
 (ADDRESS) Buckner, Missouri

20. FILED 9-10 1932 J. D. Mansfield
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1932 to Aug 13, 1932
 I last saw him alive on Aug 12, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Heat Exhaustion
 Date of onset
 191
 1932
 Other contributory causes of importance: ①

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Indigestion
 (Signed) E. D. Johnson M.D.
 (Address) Buckner, Mo.

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.

44-5-SEP 23 1932

PHYSICIAN SHOULD STATE
OF OCCUPATION OF PATIENT

DATE
ASSIGNER

DATE

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. 396
Township Fort Osage Primary Registration District No. 3552
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 19

2. FULL NAME

E. Water Toler

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 9-10 1932 N. H. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19 _____

I last saw him _____ alive on _____, 19 _____ Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
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.

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