

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.

661 20 1933

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

Do not use this space.

29164
~~30174~~

1. PLACE OF DEATH

County Cooper Registration District No. 1095
Township South Mountain Primary Registration District No. 5310
City _____ (No. _____) St. _____ (Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

Herald Dean 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30, 1919</u>		
7. AGE	YEARS <u>13</u>	MONTHS <u>9</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Cooper County Missouri</u>		
MOTHER	13. NAME <u>C. M. TolER</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County Missouri</u>	
	15. MAIDEN NAME <u>Blanchet Barger</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County Missouri</u>		
17. INFORMANT <u>C. M. TolER</u> (ADDRESS) <u>Clarksburg mo</u>		
18. BURIAL, CREMATION, OR REMOVAL • PLACE <u>not Pleasant</u> DATE <u>9-18-</u> 19 <u>33</u>		
19. UNDERTAKER <u>Jessie E. Richards</u> (ADDRESS) <u>Clarksburg mo</u>		
20. FILED <u>9-17-</u> 19 <u>33</u> <u>J. B. Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1933

2. I HEREBY CERTIFY, That I attended deceased from 9-12- 1933 to 9-16- 1933
I last saw him alive on 9-16- 1933 Death is said to have occurred on the date stated above, at 4:10 p. m.
The principal cause of death and related causes of importance were as follows:
Erysipelas of the face
Date of onset 9-12-33

Other contributory causes of importance: 15

Name of operation None Date of _____
What test confirmed diagnosis? Physician 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? MD
If so, specify _____
(Signed) H. B. Pope _____, M. D.
(Address) Clarksburg mo

