

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

Do not use this space.

31592

**1. PLACE OF DEATH**

County Saline Registration District No. 796  
Township \_\_\_\_\_ Primary Registration District No. 3038  
City Marshall (No. Fitzgibbon Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 129  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Boris Eugene Tomlinson

(a) Residence, No. 334 N. Boyd 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>Female</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>Jan 1 - 1934</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		
11. Total time (years) spent in this occupation <u>✓</u>		

12. BIRTHPLACE (CITY OR TOWN) Marshall  
(STATE OR COUNTRY) Mo.

13. NAME Colvin P. Tomlinson

14. BIRTHPLACE (CITY OR TOWN) Col. Co.  
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Birdie Fusley

16. BIRTHPLACE (CITY OR TOWN) Carroll Co.  
(STATE OR COUNTRY) Mo.

17. INFORMANT Colvin P. Tomlinson  
(ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Carroll DATE Aug 22 1941

19. UNDERTAKER H. H. Campbell  
(ADDRESS) Marshall Mo.

20. FILED 8/22/41 34 N. H. DeWitt  
Deputy Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1941

22. I HEREBY CERTIFY, That I attended deceased from 8-17-41, 1941, to 8-22-41, 1941.  
I last saw h.w. alive on 8-22-41, 1941. Death is said to have occurred on the date stated above, at 2 a.m.  
The principal cause of death and related causes of importance were as follows:

11913  
15 Enteritis 1941  
Date of onset 7-1-41  
Other contributory causes of importance: Malnutrition  
6-1-41

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cholera 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? No  
If so, specify \_\_\_\_\_

(Signed) T. P. Conway, M. D.  
(Address) Marshall Mo.

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.

DEPARTMENT RECORD

