

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.

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

Do not use this space.

JUN 5 1935

15383

1. PLACE OF DEATH

County Vernon
Township Washington
City Washington (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 78 St. Ward)

2. FULL NAME Emil J. Tobakin

(a) Residence, No. State Hospital # 3 St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Liljed (Kohling) Tobakin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23, 1899</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>1</u>
	DAYS <u>17</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>Com. labor</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>Cole Camp, Mo.</u>		
FATHER	13. NAME <u>Jane Tobakin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Camp, Mo.</u>	
	15. MAIDEN NAME <u>Katherine Harms</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ger.</u>	
	17. INFORMANT <u>Theodor Tobakin, Cole Camp, Mo.</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cole Camp, Mo.</u> DATE <u>April 15, 1935</u>		
19. UNDERTAKER <u>Eichinger Funeral Home, Nevada, Mo.</u> (ADDRESS)		
20. FILED <u>April 14, 1935 M. Eichinger</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1935

22. I HEREBY CERTIFY that I attended deceased from June 8, 1934, to Apr 13, 1935

I last saw deceased alive on June 8, 1934. Death is said

to have occurred on the date stated above, at 2 P. m.

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

Gen. paralysis of the insens.
(Syphilis of the C.M.S.)

Date of onset ?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) J. H. O'Neil M. D.

(Address) Nevada, Mo.

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