

AUG 15 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County BUCHANAN  
Township WASHINGTON  
City ST. JOSEPH, MO. (No. INFIRMARY)

Registration District No. 86  
Primary Registration District No. 5127

File No. 25646  
Registered No. 50  
Ward

2. FULL NAME GEORGE S. TOLIN

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

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW OF IDA TOLIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 7, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NURSE  
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) PLATTSBURG, Mo.13. NAME GEORGE W. TOLIN,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY15. MAIDEN NAME HARRIETT GILL TOLIN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY17. INFORMANT MRS. BAYLESS—NIECE  
(ADDRESS) ST. JOSEPH, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRVIEW DATE JULY 15, 1936,19. UNDERTAKER FLEMAN & SON, INC.  
(ADDRESS) 1946 COLHOUN ST.20. FILED July 14, 1936 W. H. Tadlock Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 13, 1936 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to June 13, 1936I last saw h. l. m. alive on June 10, 1936 Death is said to have occurred on the date stated above, at 10:00 A.M.

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

Cerebral Hemorrhage Date of onset 2-3 days

Other contributory causes of importance:

Arteriosclerosis general (?)  
Nephritis chronic (P)

Name of operation none Date of                     What test confirmed diagnosis? fundus 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? noIf so, specify                     (Signed) W. H. Tadlock, M. D.(Address) 301 P.S. Bldg

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

