

LAST MAR 23 1939

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

7673  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775  
 (b) Township Bonne Terre Primary Registration District No. 6020-A Registered No. 16  
 (c) City Bonne Terre (d) Street No. Bonne Terre Washeteria St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(Unnamed Twin #1) Toppins  
 (a) Residence, No. [ ] St. [ ] (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 6 6 6 0 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as saw mill, bank, etc. none  
 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo

FATHER 13. NAME Robert Toppins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Point Mo

MOTHER 15. MAIDEN NAME Maxine Landers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

17. INFORMANT (ADDRESS) Robert Toppins Mineral Point Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE Feb. 28, 1939

19. FUNERAL DIRECTOR (ADDRESS) Family Mineral Point, Mo

20. FILED Feb. 28, 1939 N.W. Hawkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1939, to Feb 27, 1939

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:

Stellborn  
 Other contributory causes of importance: Premature hemolytic anemia of mother

Name of operation [ ] Date of [ ]  
 What test confirmed diagnosis: Clinical 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) Vern M. Taylor, M. D.  
 (Address) Bonne Terre 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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

.....Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**