

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D APR 20 1939

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

Do not use this space.

89  
6  
1

1. PLACE OF DEATH

County Ray  
Township.....  
City Richmond

2  
1

Registration District No. 744  
Primary Registration District No. 3035

File No. 12044  
Registered No. 213

2. FULL NAME Charles Tomlinson

(a) Residence, No. Richmond mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \*\*\*\*\*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner  
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) Moberly, Missouri  
MO.

13. NAME James Tomlinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Kentucky

15. MAIDEN NAME Martha Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Missouri  
MO.

17. INFORMANT (ADDRESS) Mrs. C. B. Cutler  
Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marceline, Mo. DATE Mar. 10, 1939

19. UNDERTAKER (ADDRESS) E. Thurman  
Richmond, Mo.

20. FILED Mar. 31, 1939 Madal Jackson Dep  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1939 to Mar 9, 1939

I last saw him alive on Mar 9, 1939 Death is said to have occurred on the date stated above, at 109 m.

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

Pulmonary tuberculosis Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? P. Ex. 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? ye

If so, specify coal miner

(Signed) H. W. Griffith, M. D.  
668 (Address) Richmond Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4/4/34