

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

Do not use this space.

429

1. PLACE OF DEATH

County Caldwell
Township Davie
City Braymer

Registration District No. 93
Primary Registration District No. 4055

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME David T. Toomay

(a) Residence No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. ~~Single~~ Married (write the word)

5A. IF MARRIED, HUSBAND OF Josephine Toomay

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, -28th., -1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	62	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ray County,
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Timothy Toomay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Martha Fisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

14. INFORMANT David R. Toomay
(Address) Braymer, Mo.

15. File No. Jan 8, 1929 H. Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January -7- 1929

17. I HEREBY CERTIFY that I attended deceased from May 1, 1928 to Jan 7, 1929 that I last saw him alive on Jan 6, 1929, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
97 A
97
CONTRIBUTORY (SECONDARY) Atherosclerosis
(duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Orndul B. Toole
(Address) Braymer, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Braymer Evergreen Cemetery DATE OF BURIAL Jan 9, 1929

20. UNDERTAKER E. P. Michael - Braymer, 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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