

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.

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1. PLACE OF DEATH

County Caldwell, Registration District No. 93
Township Davis, Primary Registration District No. 4055
City Braymer, (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME Mary E. Toomay,
(a) Residence, No. City of Braymer, St. 2nd. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? (If nonresident, give city or town and State)
yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White, 5. ~~MARRIED, W~~ (write the word) Married,
5A. IF MARRIED, ~~OF~~ (OR) WIFE OF G. H. Toomay,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.-17-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work,
10. Date deceased last worked at this occupation (month and year) Dec.-1935 11. Total time (years) spent in this occupation 75 yrs.

12. BIRTHPLACE (CITY OR TOWN) England,
(STATE OR COUNTRY)

FATHER 13. NAME Robert Gibbs,

14. BIRTHPLACE (CITY OR TOWN) England,
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Ann Culling,

16. BIRTHPLACE (CITY OR TOWN) England,
(STATE OR COUNTRY)

17. INFORMANT Mrs. Lora Magallon
(ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cemetery Jan. 19-1936

19. UNDERTAKER E. P. Wheland
(ADDRESS) Braymer, Mo.

20. FILED Jan. 15, 1936.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1936. 19
22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, 19____, to Jan. 12, 1936, 19____
I last saw her alive on Jan. 12, 1936, 19____. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Arterio Atheroma.

Date of onset

not known.

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) H. J. Patterson, M. D.
(Address) Braymer, Mo.

1-6-91
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1985

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell
Township.....
City..... (No.) St. Ward)

Registration District No. 93
Primary Registration District No. 4055

File No.
Registered No. 2

2. FULL NAME

Mary E. Loomay

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>J</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>82</u>	MONTHS <u>3</u>
	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE DATE 19		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>Jan 2 1936</u> <u>H. H. Anderson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1936

22. I HEREBY CERTIFY, that I attended deceased from, 19....., to, 19.....
I last saw h..... 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:
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed)....., M. D.
(Address).....

SUPERINTENDENT

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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