DEC 29 1928 9860-a

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

Do not use this space.

File No. 9860-a

Registered No. 6

1. PLACE OF DEATH,
County Moniteau Registration District No. 214
Township Burris Fork Primary Registration District No. 4774B
City (No. St. Ward)

2. FULL NAME Iro H Tomlinson
(a) Residence. No. Enon 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) Married
5a. If Married, Widowed or Divorced HUSBAND of (or) WIFE of Calley Tomlinson
6. DATE OF BIRTH (month, day and year) Oct 7 - 1888
7. AGE Years 39 Months 5 Days 12 If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Spring Garden
(State or country) Mo.

PARENTS

10. NAME OF FATHER James M Tomlinson
11. BIRTHPLACE OF FATHER (city or town) Russellville
(State or country) Mo
12. MAIDEN NAME OF MOTHER Elizabeth Cook
13. BIRTHPLACE OF MOTHER (city or town) Lohman
(State or country) Mo.
14. Informant James M Tomlinson
(Address) Gladstone Mo.
15. Filed 3-19-1928 Hugh L. Enloe Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) 3/19 1928
17. I HEREBY CERTIFY, That I attended deceased from Mch 18 1928, to Mch 19 1928, that I last saw him alive on Mch 18 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Dont Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

Dont Know (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Signs.
(Signed) G. D. Walker, M.D.
, 19 (Address) Eldon 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 Latham Cem
DATE OF BURIAL Mar 20 1928
20. UNDERTAKER G N Steffen
ADDRESS Russellville 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.