

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

Do not use this space.

29579

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4841, Sacramento Ave. St. 7 Ward)

File No.
 Registered No. 8760

2. FULL NAME James M. Toombs

(a) Residence No. 4841 Sacramento St. Ave. 7 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy A Toombs.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 17 1841</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>0</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nashville
 (STATE OR COUNTRY) Tennessee

10. NAME OF FATHER I dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) I dont know

12. MAIDEN NAME OF MOTHER I dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) I dont know

14. INFORMANT Mrs Nancy Hendrix
 (Address) 4841 Sacramento Ave

15. FILED..... 19.....
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/1/29 19.....
 that I last saw him alive on 8/26/29 19..... and that death occurred, on the date stated above, at 3:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo carditis
 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
of long standing (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) John A. Kouzelian, M. D.
 (Address) 6122 Page Ave
 *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 Memorial Park, bur DATE OF BURIAL 8-28 1929

20. UNDERTAKER Gen. L. Pleitach ADDRESS 5966 Easton Ave

WRITE FAIRLY, 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.

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