

Rec Aug 22, 1996

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS  
STATE OF TENNESSEE

DEATH NO. 58-23031

3082  
10  
10-12

1. NAME <b>LUTHER WILLIAM TOALSON</b>		2. DATE OF DEATH <b>9-28-58</b>	
3. COLOR OR RACE <b>W</b>	4. SEX <b>M</b>	5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	6. DATE OF BIRTH <b>11-20-1892</b>
7. AGE (IN YEARS LAST BIRTHDAY) <b>65</b>		IF UNDER 1 YR. MONTHS <b>65</b>	IF UNDER 24 HRS. DAYS <b>65</b>
8. PLACE OF DEATH A. COUNTY <b>Haywood</b> C. CITY OR TOWN <b>Brownsville</b>		B. CIVIL DISTRICT <b>7</b>	9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived, If Institution, Residence Before Admission) A. STATE <b>Texas</b> B. COUNTY <b>Payne</b> C. CIVIL DISTRICT D. CITY OR TOWN <b>Texakana</b> E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>
I. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location) <b>Grand Ave.</b>		F. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even if Retired) <b>Owner, Manager</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Skating Rink</b>	11. SOCIAL SECURITY NUMBER
12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN <b>no</b>		13. BIRTHPLACE (State or Foreign Country) <b>Missouri</b>	
14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. NAME OF HUSBAND OR WIFE <b>Mrs. Hazel Toalson</b>	
16. FATHER'S NAME <b>William Toalson</b>		17. MOTHER'S MAIDEN NAME <b>Casanna Barkwell</b>	
18. INFORMANT ADDRESS <b>Mrs. Hazel Toalson, Texakana, Tex</b>			

**RESEARCH  
PURPOSES  
ONLY**

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE		DATE
SIGNATURE <i>Fred T. Jones</i>	M.D., D.O. OTHER (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <b>Coroner</b>	ADDRESS <b>Brownsville, Tenn</b>
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>removal</b>	23B. DATE OF BURIAL, CREMATION, OR REMOVAL <b>Oct. 1, 1958</b>	23C. NAME OF Cemetery or Crematory <b>HillCrest</b>
23D. LOCATION CITY, TOWN OR COUNTY STATE <b>Texakana, Texas</b>		
24. FUNERAL DIRECTOR <b>Brownsville Funeral Home</b>	25. REGISTRATION DIST. NO. <b>23807</b>	26. DATE SIGNED BY LOCAL REG. <b>OCT 9 1958</b>
27. REGISTRAR'S SIGNATURE <i>Wm. J. Jones</i>		
28. ADDRESS <b>Brownsville, Tenn.</b>		