

WRITE PLAINLY, 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.

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

PLACE OF DEATH  
 County Jasper  
 Township Jasper or Village Jasper or City Jasper (NO. 324 Walnut)  
 Registration District No. 411 File No. 13898  
 Primary Registration District No. 2002 Registered No. 189  
 St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number)

 FULL NAME Henry Thixton

## PERSONAL AND STATISTICAL PARTICULARS

 SEX Male COLOR OR RACE white SINGLE divorced  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

 DATE OF BIRTH Jan 29 1861  
 (Month) (Day) (Year)

 AGE 51 1 3  
 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

 OCCUPATION  
 (a) Trade, profession, or particular kind of work Engineer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Stationary

 BIRTHPLACE  
 (City or town, State or foreign country) Illinois

 NAME OF FATHER Henry D. Thixton

 BIRTHPLACE OF FATHER  
 (City or town, State or foreign country) Illinois

 MAIDEN NAME OF MOTHER Don't know

 BIRTHPLACE OF MOTHER  
 (City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Elmer Best

 (ADDRESS) Chitwood mo.

 Filed 4/24 1912 A. M. Gregg REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH April 22 1912  
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from April 21, 1912, to April 22, 1912, that I last saw him alive on April 21, 1912, and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis

 Contributory 2 1/2  
 (SECONDARY) (Duration) yrs. mos. ds.

 (Signed) H. B. Pomeroy M. D.  
Apr. 24 1912 (Address) Jasper Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

 PLACE OF BURIAL OR REMOVAL Jasper DATE OF BURIAL Apr 24 1912

 UNDERTAKER Hurlbut Co ADDRESS Joplin

