

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

13584

1. PLACE OF DEATH

County St. Francois Registration District No. 779 File No. _____
 Township Paulolph Primary Registration District No. 60240 Registered No. 20
 City St. Francois (No. _____) St. _____ Ward _____

2. FULL NAME

Agia Thomas
 (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 Fi. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8, 1830

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>92</u>	<u>8</u>	<u>17</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Louis Doolse

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Crisis LaRoe 4-5-1920 (Address) _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Francois
 (STATE OR COUNTRY)

14. INFORMANT John Thomas
 (Address) St. Francois

15. FILED 4-25-1922 W. H. Kest
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/25 1922

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1922, to April 25, 1922 that I last saw him alive on April 25, 1922, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
 (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) Ronald J. Schneider, M. D.

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Francois DATE OF BURIAL 6-11-1922

20. UNDERTAKER _____ ADDRESS _____

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.

