

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

22889

1. PLACE OF DEATH

County Casper
Township Lebanon
City..... (No.) St. Ward.....

Registration District No. 221
Primary Registration District No. 0300

File No.
Registered No.

2. FULL NAME

Elizabeth 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 | 5 | 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work goal
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lebanon
(STATE OR COUNTRY)

10. NAME OF FATHER John Root cop

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

12. MAIDEN NAME OF MOTHER Rachel Coffman

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

14. INFORMANT Mrs Lena Stahl
(Address) Springfield Mo

15. FILED Aug 27 1924 R L Fogle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 19 24

17. I HEREBY CERTIFY That I attended deceased from Jan 1 19 24 to Aug 26 19 24 that I last saw h. live on Aug 26 19 24, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis

131 / 129 (duration) 10 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? Test
(Signed) Robert Fogel, M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Lebanon Cemetery DATE OF BURIAL Aug 26 19 24

20. UNDERTAKER Hopkins ADDRESS Atterville Mo

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.

