

JUN 27 1927

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

Do not use this space.

120438

1. PLACE OF BIRTH

County Gasper  
Township Carthage  
City Carthage (No. \_\_\_\_\_)

Registration District No. 408  
Primary Registration District No. 3020

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Allice Thomas

(a) Residence No. 113 5th River St. Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 23 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
93 | unknown | \_\_\_\_\_

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

PARENTS

10. NAME OF FATHER Abe Stewart

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

12. MAIDEN NAME OF MOTHER Unknown

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

14.

INFORMANT J. C. Cooper  
(Address) Carthage Mo

15.

FILED Apr 10 1927 J. B. Clendon  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 4 1927, to Apr 11 1927 that I last saw him Apr 4 1927 alive on Apr 4 1927, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocardial Heart disease with heart compensation  
92A  
5.503 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis  
971 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DEATH CONTRACED

IF NOT AT PLACE OF BIRTH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Wesley H. Hise, M. D.

, 19 (Address) Carthage Mo.

\*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 DATE OF BURIAL

Cedar Hill Cemetery 4-13 1927

20. UNDERTAKER ADDRESS

Werner-Dove Carthage

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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