

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

Do not use this space.

8080

1. PLACE OF DEATH

County Callaway
Township Cedar
City..... (No.....)..... Ward.....

Registration District No. 109
Primary Registration District No. 5-108

File No.....
Registered No. 474
St..... Ward.....

2. FULL NAME

Mary Frances 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/14 1928

5A. ~~IF~~ MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. M. Thomas

17. I HEREBY CERTIFY That I attended deceased from Mar 1, 1928, to Mar 14, 1928 that I last saw h. alive on Mar 14, 1928, and that death occurred, on the date stated above, at 9:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 1842

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 11 | 21

11 1/2 | 10 1/2 | 9 da.
(duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds. 5 da.

9. BIRTHPLACE (CITY OR TOWN) Callaway Co
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Lewis White

DID AN OPERATION PRECEDE DEATH? No DATE OF

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Prospect cemetery DATE OF BURIAL 3/15 1928

12. MAIDEN NAME OF MOTHER Cornie Gray

20. UNDERTAKER Ray A Holt ADDRESS New Bloomfield

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

14. INFORMANT G. S. Gray
(Address) New Bloomfield Mo

15. FILED 4/10 1928 Quirk REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. DO NOT SIGN BLANKLY.

24 1928

