

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

Do not use this space.

45671

15941

File No. _____
Registered No. 19 _____
St. _____ Ward) _____

1. PLACE OF DEATH

County Holt Registration District No. 896
Township Sparks Primary Registration District No. 6198
City _____ (No. _____) St. _____ Ward) _____

2. FULL NAME

Clarence 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1928

7. AGE YEARS 0 MONTHS 0 DAYS 0 IF LESS than 1 day, 2 hrs. or 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Holt, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER James Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holt, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Pilkington

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

14. INFORMANT J. A. Halloran
(Address) Marshfield, Mo

15. FILED Apr 15, 1928 J. M. Bruce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 12 19 28

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4 0 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature infant
159 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 160A (duration) _____ yrs. _____ mos. _____ da.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) M. G. Roberts M. D.

4/13, 1928 (Address) Marshfield, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marion Home DATE OF BURIAL 4/13 19 28

20. UNDERTAKER W. M. Graham ADDRESS Marshfield

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.

