

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

21381

1. PLACE OF DEATH

County Newton
Township 5th
City Newton

Registration District No. 611
Primary Registration District No. 6258

File No.
Registered No.
St. Ward)

2. FULL NAME Charles Higgins 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF Lucy Higgins Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1849

7. AGE YEARS 78 MONTHS 7 DAYS 22 IF LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Leavelle Ia (STATE OR COUNTRY) Ia

10. NAME OF FATHER Thomas Higgins

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

12. MAIDEN NAME OF MOTHER Frances Thomas

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

14. INFORMANT Charles Higgins Thomas (Address) 5th & Walnut

15. FILED 6/11 1928 C. O. Norris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 1927 to June 9 1928 that I last saw him alive on June 7 1928, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
9 mo. (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. da.

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) R. L. Lussner, M. D. , 19 (Address) Mercks, 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 Home DATE OF BURIAL 6/11 1928

20. UNDERTAKER Anderson & Sons ADDRESS Joplin, Mo.

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.

