

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

Do not use this space.

246359

1. PLACE OF DEATH

County Shannon Registration District No. 114
 Township Waco Primary Registration District No. 2869
 City Godwin (No.) St. Ward)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Percy Thomas
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 17th Feb 1911
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeping
 (b) General nature of industry, business, or establishment in which employed (or employer)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-15 1928
 17. I HEREBY CERTIFY, That I attended deceased from June 1 1928 to July 10 1928 that I last saw her alive on July 12 1928 and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inf - TB
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Inf
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Ark (STATE OR COUNTRY)
 10. NAME OF FATHER Ant Funn
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ant Funn (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER

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

19. DID AN OPERATION PRECEDE DEATH?

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J.M. [Signature] M. D.
 , 19 (Address) Portauwelle Mo

14. INFORMANT Percy Thomas (Address) Portauwelle Mo
 15. FILED July 28 1928 W.C. Cook REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Portauwelle County DATE OF BURIAL 7/16-28
 20. UNDERTAKER R.M. Payne ADDRESS Portauwelle Mo

N. - 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.

1 1928

1951

