

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Marion
City Galt Mo (No.)

Registration District No. 327
Primary Registration District No. 5454

File No. 27057
Registered No. 15
St. Ward)

2. FULL NAME Wade W 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) June 18 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 2 13

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) Speckard Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Thomas

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

12. MAIDEN NAME OF MOTHER Fannie Payer

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

14. INFORMANT Edward Thomas
(Address) Galt Mo

15. FILED 9-2-28 W.C. Weston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from never, 19... to never, 19... that I last saw her alive on never, 19... and that death occurred, on the date stated above, at 12:00 midnight.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epileptic Convulsions

CONTRIBUTORY (SECONDARY) unknown (duration) yrs. mos. da. 2

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) W.C. Weston, M. D.

9-2-1928 (Address) Galt 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 Berry Cem. Galt Mo DATE OF BURIAL Sept 2 1928

20. UNDERTAKER W.C. Weston ADDRESS Galt Mo

WHILE PARENTS, WITH UNPAID INDEBTMENTS IS A PERMANENT RECORD

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.

