AUG 27 1928

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

Do not use this space.

28012

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 615
Township — Primary Registration District No. 3802 — Registered No.
City " " (No. ... St. ... Ward)

2. FULL NAME Marshall Thomas
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
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

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE: 80 Years Don't Know Months Days — If LESS than 1 day, ... hrs. or ... 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): Drew Blind Pension
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Don't
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER " " "
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " "
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER " " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT Rosie Williams
(Address) New Madrid

15. FILED 8/5, 1928 M. Bonnon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-4-1928

17. I HEREBY CERTIFY, That I attended deceased from 7-20, 1928 to 7-20, 1928 that I last saw him alive on 7-20, 1928, and that death occurred, on the date stated above, at 8-4-28 at 12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
162
164
(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Natural Decay of Life
(duration) ... yrs. ... mos. ... ds.

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) J. D. Fakes, M. D
, 19 (Address) New Madrid 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: East Side Cem. — DATE OF BURIAL: 8-5 1928

20. UNDERTAKER: Richards Und. Co — ADDRESS: New Madrid

WRITE PLAINLY, WITH UNFADING INK--THIS 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.