C 27 1928

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

Do not use this space.

36673

1. PLACE OF DEATH
County Grundy — Registration District No. 328 — File No.
Township Wilson — Primary Registration District No. 5445 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Ira Patrick 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Etta Thomas
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 1883
7. AGE: Years 45 — Months 3 — Days 18 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): Ass't Cashier
(c) Name of employer: R. M. Cook
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy Co. Mo.

PARENTS
10. NAME OF FATHER: Christopher C. Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Howard Co. Mo.
12. MAIDEN NAME OF MOTHER: Emma L. Hancock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Howard Co. Mo.

14. INFORMANT: J. E. Thomas
(Address): Faredo, Mo.

15. FILED 11-27, 1928 J. M. Stone REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1927

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw him alive on Nov 23, 1928, and that death occurred, on the date stated above, at 6-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Bright's Disease with heart and river complication

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 128

(duration) yrs. 1 mos. 24 ds.

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) J. P. Stone, M. D.
, 19 (Address) Lee Stone

*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: Alpha Cemetery — DATE OF BURIAL: 11-27 1928
20. UNDERTAKER: E. J. Robertson — ADDRESS: Faredo

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.

11-28

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Grundy — Registration District No. 328 — File No.

Township Wilson — Primary Registration District No. 5455 — Registered No. 6

City (No. St. Ward)

2. FULL NAME Iva Patrick 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	m

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

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

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (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 (Address)

15. FILED 1-25, 1928 J M Stone REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 26 1928 to Nov 25, 1928 that I last saw his alive on Nov 21, 1928, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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) , M. D

, 19 (Address)

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

...should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state ... terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

L NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-36623