

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

Do not use this space.

13471

1. PLACE OF DEATH

County Scottland Registration District No. File No.
Township Primary Registration District No. Registered No.
City Arbela Mo. (No. St. Ward)

2. FULL NAME

Emily G. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harvey G. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May, 19, 1840</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>9</u>
		<u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeping</u> (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) <u>Kentucky</u>		
10. NAME OF FATHER <u>George Taylor</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
12. MAIDEN NAME OF MOTHER <u>Miss Adams</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
14. INFORMANT <u>Mrs. Elza Crowder</u> (Address) <u>Arbela Mo.</u>		
15. FILED <u>3/8</u> 19 <u>29</u> <u>OTM Baker MD</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1929, to March 7, 1929 that I last saw h. ex alive on Mar 6, 1929, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
100%

(duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) 100%
(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) Ans Bethel, M. D.
3-8-1929 (Address) Memphis 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 Sticksy Grove Cem DATE OF BURIAL 3/10 1929

20. UNDERTAKER Yettings Und. ADDRESS Arbela Mo.

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.

MAY 2

1929

234

2

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31

