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JUL 26 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22109

1. PLACE OF DEATH

County Montgomery — Registration District No. 592 — File No. 34

Township — Primary Registration District No. 4350 — Registered No.

City Montgomery (No. ..... St. ..... Ward)

2. FULL NAME Mrs Ada 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 45 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 th 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	I XX	2I	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mattoon Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles Roberts

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

12. MAIDEN NAME OF MOTHER Miss Green

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

14. INFORMANT Roy Thomas
(Address) Montgomery City Missouri

15. FILED 7/10, 1929 — D. J. Bentley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 th 1929

17. I HEREBY CERTIFY, That I attended deceased from March, 1929, to June 27, 1929 that I last saw her alive on June 25, 1929, and that death occurred, on the date stated above, at 8:30 Pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic
131
92C
(duration) Not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis, chronic
parenchymatous (duration) Not known yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam. & Lab.

(Signed) Burell Menefee, M. D.

June 29, 1929 (Address) Montgomery 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	DATE OF BURIAL
Montgomery City Cemetery Montgomery City Missouri	6/29/29 19
20. UNDERTAKER	ADDRESS
C. W. Hopkins Montgomery	City Mo.

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.

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