

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

Do not use this space.

29925

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirkville (No. _____ St. _____ Ward)

File No. _____
Registered No. 140

2. FULL NAME Fredrich Gordon 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Mrs. L. Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4-1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>37</u>		<u>11</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Teacher
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Killaney Manitoba,
(STATE OR COUNTRY) Canada.

PARENTS	10. NAME OF FATHER <u>George Thomas</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada.</u>
	12. MAIDEN NAME OF MOTHER <u>Margaret Watson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada.</u>

14. INFORMANT Mrs. L. Thomas
(Address) Edwards, Washington.

15. FILED 9/3, 1929 Ed Becker REGISTRAR
aliquy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1929, to Sept 3, 1929 that I last saw h. Sept 3, 1929, alive on Sept 3, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Proximal Ulcer

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Embolism
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF Sept 3, 29
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) John S. Campbell, M.D.
, 19 1929 (Address) Kirkville, 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 Killaney Manitoba,
Canada. DATE OF BURIAL Sept. 7, 1929

20. UNDERTAKER W. C. ... Son ADDRESS Kirkville

1929-9-3
1891-9-4

37-11-29

37-11-29