

MAR 25 1930

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

Do not use this space.

7716

1. PLACE OF DEATH
 County Buchanan Registration District No. 83
 Township Crawford, Primary Registration District No. 5724
 City (No. 10 Miles So. of St. Joseph, St. Union Road, Ward)

2. FULL NAME Rebecca Thomas,
 (a) Residence. No. 10 M. So. on Union Road, Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Robert H. Thomas,</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 1, 1843</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>86</u>	<u>9</u>	<u>0</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home,</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Kentucky,</u>				
PARENTS	10. NAME OF FATHER <u>Thomas Foster,</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Kentucky,</u>			
	12. MAIDEN NAME OF MOTHER <u>Mary Young,</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Kentucky,</u>			
14. INFORMANT <u>M. L. Thomas</u> (Address) <u>DeKalb, Missouri,</u>				
15. FILED <u>3/2</u> 19 <u>30</u> <u>W. S. Buel</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from August 1, 1930 to March 1, 1930 that I last saw her alive on March 1, 1930 and that death occurred, on the date stated above, at 5:00 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Calcular Heart Disease
92A (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

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

6 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Cytopath
 (Signed) F. K. Vetter, M. D.
32 1930 (Address) DeKalb, 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 <u>Union Cemetery,</u>	DATE OF BURIAL <u>March 3, 1930</u>
20. UNDERTAKER <u>Heaton, B. G. & Bowman</u>	ADDRESS <u>St. Joseph, Mo.</u>

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.

WHILE IN EXISTENCE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

