

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

Do not use this space.

12187

1. PLACE OF DEATH

County Jackson Registration District No. 283
 Township..... Primary Registration District No. #167
 City Cosdewer Mo (No.) St. Ward)

File No. 91
 Registered No.

2. FULL NAME

Thomas R. Pounds
 (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>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Verna Pounds</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct-19-1869</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>5</u>	<u>19</u>	<u>=</u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Journalist</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) Jackson

10. NAME OF FATHER Joseph Pounds

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

12. MAIDEN NAME OF MOTHER W.C.

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

14. INFORMANT C. P. Summitt
 (Address) Cosdewer Mo

15. FILED 4/9/30 1930 Ed. Newson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8th 1930
 17. I HEREBY CERTIFY, That I attended deceased from April 4, 1930, to April 8, 1930
 that I last saw him alive on April 8, 1930, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malarial Toxemia
38
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. B. B..., M. D.
 , 19 (Address) Cosdewer 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 Manure Hill DATE OF BURIAL 4-9th 1930
 20. UNDERTAKER Harwood & Anderson Cosdewer Mo ADDRESS

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 23 1930

