

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

Do not use this space.

21745
21747

PLACE OF DEATH

County Worth
Township Witchall
City (No)

Registration District No. 903
Primary Registration District No. 4545

File No. 17
Registered No. 17
St. Ward

2. FULL NAME

Elizabeth M. 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 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>W. A. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 16, 1868</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>10</u>
	DAYS <u>27</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Grant City

9. BIRTHPLACE (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Charley Starks</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah Parent</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT W. A. Thomas
(Address) Grant City, Mo.

15. FILED 6/14/30 John Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1930 to June 13 1930
that I last saw her alive on June 13 1930 and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Stenosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia
(duration) 3 yrs. mos. ds.

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

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

WHAT TEST CONFIRMED DIAGNOSIS Spinal fluid, cultures
(Signed) W. A. Thomas M. D.

(Address) Grant City, 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 Witchall Cem
DATE OF BURIAL 6/14 1930

20. UNDERTAKER Arch C. Dunfee
ADDRESS Grant City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PRESENT STATE OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

