

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

Do not use this space.

21896

1. PLACE OF DEATH

County Boone
Township Sedar
City Ashland (No.)

Registration District No. 71
Primary Registration District No. 40040

File No.
Registered No. 23
St. Ward)

2. FULL NAME

John A Thomas
(a) Residence, No. Ashland 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Nancy Smith Thomas
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 1 22
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Monroe Co Mo
(STATE OR COUNTRY)
10. NAME OF FATHER John S M Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Jane Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway
(STATE OR COUNTRY)

14. INFORMANT H. B. Pryor
(Address) Ashland Mo
15. FILED July 28 1930 A. J. Nichols
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1930
17. I HEREBY CERTIFY, That I attended deceased from May 1 1930 to July 27 1930
that I last saw him alive on July 27 1930, and that death occurred, on the date stated above, at 3:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
131
92 1/2 (duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY Chronic nephritis
(SECONDARY) (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
12th St
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. B. Pryor M. D.
July 27 1930 (Address) Ashland 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 New Salem DATE OF BURIAL July 28 1930
20. UNDERTAKER R. O. Willett ADDRESS Columbia

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.

AUG 26 1930

