

NOV 28 1930

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

Do not use this space.

31973

1. PLACE OF DEATH

County Webster
Township Mangrove
City (No.) (St.) (Ward)

Registration District No. 900
Primary Registration District No. 6207

File No.
Registered No.

2. FULL NAME

Tennette Frances Thomas
(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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>John Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1843</u>		
7. AGE - YEARS <u>87</u>	MONTHS	DAYS
IF LESS than 1 day, ___ hrs. or ___ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer) 8
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Levin

10. NAME OF FATHER

John & Cate

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Levin

12. MAIDEN NAME OF MOTHER

Eizabeth Hinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Levin

14.

INFORMANT Bessie Thomas
(Address) Mangrove

15.

FILED Nov 9 30 W. C. Millions
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1930

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....
that I last saw him alive on, 19....., and that
death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Old age
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. J. Schlecht, M. D.

, 19 (Address) Mangrove 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

DATE OF BURIAL

Mangrove Cemetery Sept 28 30

20. UNDERTAKER

ADDRESS

Mc Mahon Marshfield
200

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.

