

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

Do not use this space.

DEC 22 1930

36983

1. PLACE OF DEATH

County Pettis
Township Boonville
City La Monte (No.)

Registration District No. 667
Primary Registration District No. 4400

File No.
Registered No.
St. Ward)

2. FULL NAME

Alto Thoma

(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 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Thoma

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1930, to Nov 29, 1930, that I last saw him alive on Nov 29, 1930, and that death occurred, on the date stated above, at 4 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 = 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 22

Acc lying when I saw him. Heart was immediate cause

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

CONTRIBUTORY (SECONDARY) 205 A
(duration) yrs. mos. ds.
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Leover
(STATE OR COUNTRY) Mo

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

10. NAME OF FATHER Peter Thoma

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fortuna Mo

12. MAIDEN NAME OF MOTHER Mary Straub

20. UNDERTAKER B. F. Caryer
(Signed) W.E. Walker, M. D.
, 19 (Address) La Monte Mo

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

*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.

14. INFORMANT Ida Thoma
(Address) La Monte Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fortuna Mo DATE OF BURIAL Dec 1 1930

15. FILED Dec 30 B. F. Caryer
REGISTRAR

20. UNDERTAKER B. F. Caryer ADDRESS La Monte Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated accurately supplied. Do not carry any space.

