

WRITE FULLY, 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.

MAR 8 1931

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

4544

1. PLACE OF DEATH

1 County Bates
6 Township
6 City Rich Hill (No.)

Registration District No. 50
Primary Registration District No. 8005

File No.
Registered No. 16
St. Ward

62. FULL NAME

Mary E. Thomas

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Vernon County

10. NAME OF FATHER Pryor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Betsy Gent

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

14. INFORMANT W. H. Thomas (Address) Rich Hill

15. FILED [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24th 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1931 to Feb 24th 1931 the last saw her alive on Feb 24th 1931 and that death occurred, on the date stated above, at 5:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
930
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 930
(duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [Signature] M. D.
Feb 25 1931 (Address) Rich Hill 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 Robinson DATE OF BURIAL 2-26-1931

20. UNDERTAKER Pond & Reasley ADDRESS Rich Hill

