

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

Do not use this space.

10727

**1. PLACE OF DEATH**

County Marion Registration District No. 574  
Township X Primary Registration District No. 3029  
City Hannibal (No. 1726, Vermont)

File No. \_\_\_\_\_  
Registered No. 88  
St. 23 Ward \_\_\_\_\_

**2. FULL NAME** Luey A. Thomas

(a) Residence. No. 1726 Vermont St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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>Benjamin F. Thomas</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 21, 1854</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>76</u>	<u>9</u>	<u>9</u>	<u>22</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) Pleasant Hill  
(STATE OR COUNTRY) Illinois**

<b>PARENTS</b>	10. NAME OF FATHER <u>Smith Beck</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Not known</u> (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Emma Dodge</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Not known</u> (STATE OR COUNTRY) <u>Georgia</u>

14. INFORMANT Mrs. W. F. Tessmer, C. Daughter  
(Address) Hannibal, Mo.

15. FILED 3/26/31 C. Colarescia  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1931, to March 13, 1931, that I last saw her alive on March 12, 1931, and that death occurred, on the date stated above, at 3:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Septic myocarditis  
56E  
93A (duration) Not Known  
CONTRIBUTORY Rheumatism  
(SECONDARY) (duration) Not Known

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
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) P. J. Reichmann M. D.

3/14, 1931 (Address) Oakwood 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 Antioch, Ralls Co. DATE OF BURIAL Mar 15 1931

20. UNDERTAKER Skew M Smith ADDRESS 902 Broadway Hannibal, Mo

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. APR 24 1931

