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

Do not use this space.

10950

1. PLACE OF DEATH
County Nodaway
Township Jackson
City ..... (No. ..... St. ..... Ward)

Registration District No. 629
Primary Registration District No. 5831

File No. 3[illegible]
Registered No. 3[illegible]

2. FULL NAME Mrs Myrtle Bessie Thomas
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 25 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William Thomas.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 - 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	6	29	

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) Gentry Co. (STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER John Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Liza Cable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO (STATE OR COUNTRY)

14. INFORMANT Marion Davis
(Address) Gentry Mo. R.R.

15. FILED 4/8, 1931 J. P. Ross
4/10-31 C. P. Fryer REGISTRAR
M.C.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1931, to Mar 24, 1931, that I last saw her alive on ....., 19.., and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
108
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 108
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. Crowson, M. D.
3/25, 1931 (Address) Pornell 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
Ravenwood MO	3/26 1931

20. UNDERTAKER	ADDRESS
Laton F. Phillips	Stanberry MO

Dr. Egbert. Crowin
Cornell.