

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

Do not use this space.

19089

1. PLACE OF DEATH

County St. Clair Registration District No. 1118
Township Dallas Primary Registration District No. 6010
City Wentzville (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Allie 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.

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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>F. M. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 - 1867</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House 235</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>wife</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Wentzville Mo</u>
	13. NAME	<u>D. J. Swicgood</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>North Carolina</u>
	15. MAIDEN NAME	<u>Christian Gibles</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ohio</u>
	17. INFORMANT (ADDRESS)	<u>Thos Swicgood</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Courtsville</u>
	DATE	<u>May 7 1931</u>
	19. UNDERTAKER (ADDRESS)	<u>J. P. Huschky</u>
	20. FILED	<u>May 14 1931 James J. Swicgood Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1928, to May 6 1931

I last saw her alive on May 30 1931. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Brights Disease 131
97

Other contributory causes of importance:

131

Name of operation None Date of _____

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. H. Murray, M. D.
(Address) Genney Mo

Date of onset
March 1931

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.

JUN 29 1931

So merry.