

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.

OCT 22 1931

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

Do not use this space.

30419

1. PLACE OF DEATH
 County Adair Registration District No. 4
 Township Porter Primary Registration District No. 3001
 City Kirksville (No. _____ St. _____ Ward _____)

2. FULL NAME Thomas Eli Sublette
 (a) Residence, No. 576 E. Jefferson St., 4 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kate F. Sublette</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 9, 1853</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Publisher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Printing office</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 1931</u>	
	11. Total time (years) spent in this occupation <u>48</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis County Mo.</u>		
FATHER	13. NAME <u>Peter Jackson Sublette</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison County Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Russell Warfield</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warfieldburg Maryland</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Kate F. Sublette Kirksville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>Sept 9, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Davis & Johnson</u>		
20. FILED <u>Sept 23, 1931</u> <u>Mrs C. J. Becker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to Sept 7, 1931.
 I last saw him alive on Sept. 7, 1931. Death is said to have occurred on the date stated above, at 1:20 P.M.
 The principal cause of death and related causes of importance were as follows:

<u>Uremic poisoning</u>	Date of onset <u>Sept 4, 1931</u>
<u>131 coma</u>	<u>1931</u>
<u>132B</u>	
Other contributory causes of importance: <u>131</u>	
<u>chronic parenchymatous nephritis</u>	<u>1929</u>

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) E. H. Webster, D.O. M.D.
 (Address) Kirksville Mo.

