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.

NOV 24 1931

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

Do not use this space.

34253

1. PLACE OF DEATH

County Henry — Registration District No. 349 — File No.

Township Tebo — Primary Registration District No. 5487 — Registered No. 30

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Arthur Daniel Thomas

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 — 1930

7. AGE — YEARS — MONTHS 10 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Kans

FATHER

13. NAME Arthur Daniel Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co - Mo

MOTHER

15. MAIDEN NAME Leta May Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chinnate Kans.

17. INFORMANT (ADDRESS) Mr A. D. Thomas Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Drakes Chapel DATE Oct 18 1931

19. UNDERTAKER (ADDRESS) Spore & Son Clinton Mo

20. FILED Oct 18, 1931 Mrs. A. A. Gray, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1931, to Oct 17, 1931

I last saw him alive on Oct 17, 1931. Death is said to have occurred on the date stated above, at 3.30 m.

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

Cholera Infantum — Date of onset

115

130

Other contributory causes of importance: Flu

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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? —

If so, specify —

(Signed) Daniel A. Porque, M. D.

(Address) Clinton Mo

[illegible]
Indian