

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.

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

Do not use this space.

37848

4716

1. PLACE OF DEATH

County Jackson
Township Stow
City Manassas City, Mo. (No. 1602 Proost)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Elvora Thomas

(a) Residence, No. 1602 Proost St. 11 Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Col.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 21 - 1897</u> | | |
| 7. AGE YEARS <u>34</u> | MONTHS <u>7</u> | DAYS <u>2</u> |
| If LESS than 4 day, hrs. or min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u> | |
| | 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation..... <u>-</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Miss</u> | | |
| FATHER | 13. NAME <u>Mark Thomas</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Miss</u> | |
| | 15. MAIDEN NAME <u>Lula Williams</u> | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Va.</u> | |
| | 17. INFORMANT <u>Lula Thomas</u> (ADDRESS) | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Lawn</u> DATE <u>11-25</u> 19 <u>31</u> | | |
| 19. UNDERTAKER <u>Grady Bros.</u> (ADDRESS) <u>1708 Grace</u> | | |
| 20. FILED <u>11/25</u> 19 <u>31</u> <u>M. Crowe</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. live on Dr. Carey, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Coronary Blood
Date of onset _____

Other contributory causes of importance: 50

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Dr. Carey M. D.
(Address) Dr. Carey

