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.

43219-a

1. PLACE OF DEATH
County Washington — Registration District No. ~~1159~~ 885 — File No.
Township Bellevue — Primary Registration District No. ~~6549~~ — Registered No.
City Caledonia (No. 6177 St. Ward)

2. FULL NAME Clyde 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Leavy Thomas (Moody)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 27-1894
7. AGE: YEARS 37 — MONTHS 9 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Caledo Bonne Terre Missouri

FATHER
13. NAME: Frank Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Louise Bean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co Mo

17. INFORMANT (ADDRESS): Leavy Thomas, Caledonia Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia Mo DATE Dec 6 1931
19. UNDERTAKER (ADDRESS): Hamon White & Son, Trenton Mo
20. FILED Mar 4 1932 Mrs W A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1931, to —, 19
I last saw him alive on Dec 5, 1931. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Intestinal Infection & Alcoholic Poison
75B
1208
75

Date of onset

Other contributory causes of importance: Alcoholism

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) E J Harness, M. D.
(Address) Bellevue Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Washington — Registration District No. 885 — File No.
Township Bellevue — Primary Registration District No. 6177 — Registered No. 25
City Cal (No. , St. Ward)

2. FULL NAME Clyde 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1894

7. AGE: YEARS 37 — MONTHS 9 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Bonne Terre Mo

FATHER
13. NAME Frank Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Louise Dean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francois Co Mo

17. INFORMANT (ADDRESS) Leavy Thomas Caledonia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia Mo DATE Dec 6 1931

19. UNDERTAKER (ADDRESS) Norman White & Son Fronton Mo

20. FILED June 6 1932 Mrs J M Knox Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1931, to , 19
I last saw him alive on Dec 5, 1931. Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Infection & Alcoholic Poison	

Other contributory causes of importance: Alcoholism

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) E. J. Harness, M. D.
(Address) Belleview Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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