

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

Do not use this space.

26873

1. PLACE OF DEATH

73 County Newton Registration District No. 609
Township Neosho Primary Registration District No. 5808
City (No.) St. Ward

File No. 73
Registered No.

2. FULL NAME

J. H. Thogmartin
(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 15 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 (write name) One Thogmartin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 3 | 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Stone County Missouri
13. NAME William Thogmartin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Penn.
15. MAIDEN NAME Unknown Craig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri
17. INFORMANT (ADDRESS) Mrs. One Thogmartin Neosho Mo. R # 4
18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel Cemetery DATE 8-17-1932
19. UNDERTAKER (ADDRESS) Wiley Thompson Neosho Mo.
20. FILED 8/20 1932 B. C. Maress

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1932
22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... 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:
Actual Cause of Death Unknown Date of onset
Probable Heart failure
No Violence
Other contributory causes of importance:
(5) 1100 W
Name of operation Date of
What test confirmed diagnosis? 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? Newton County Mo.
(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) Gas Nutman Coroner, M. D.
(Address) Branby Mo.

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.

SEP 24 1932

