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

Do not use this space.

32053

1. PLACE OF DEATH

41 County Harrisson — Registration District No. 339 — File No.

Township Trail Creek — Primary Registration District No. 5475 — Registered No. 10

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

2. FULL NAME ~~Mxxxxx~~ Minnis E. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16, 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	1	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housrwife 235
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bloomington, (STATE OR COUNTRY) Ind 2

PARENTS
10. NAME OF FATHER John W. Polley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomington (STATE OR COUNTRY) Ind
12. MAIDEN NAME OF MOTHER Sarah J. Gray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bloomington (STATE OR COUNTRY) Ind.

14. INFORMANT Harry Thomas (Address) Ridgeway, Mo.

15. FILED 10/25, 1932 Mrs C. J. Sellers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 21st, 1932, to Oct 23rd, 1932 that I last saw her alive on Oct 23rd 1932, and that death occurred, on the date stated above, at 10:00 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Instertial Nephritis 131

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) C J Sellers, M. D.

10/23, 1932 (Address) Mt. Moriah Mol

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Yankee Ridge	Oct 25 1932
20. UNDERTAKER	ADDRESS
O. P. Ragan and Son	Ridgeaw

O P Ragan Son

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 23 1932