

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

Do not use this space.

32607

1. PLACE OF DEATH

County Franklin Registration District No. 408
 Township Princeton Primary Registration District No. B020
 City Carthage (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Sarah Isabelle Thomas

(a) Residence, No. 829 Oak St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 51 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 Female 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 Per H. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1860

7. AGE YEARS 72 MONTHS 4 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Barreville (STATE OR COUNTRY) Illinois

13. NAME Alexander M. Mack

14. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY) ?

15. MAIDEN NAME Agnes Moffatt

16. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Per H. Thomas
829 Oak - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin cemetery DATE Oct. 27 1932

19. UNDERTAKER (ADDRESS) Free Mortuary
Carthage, Missouri

20. FILED Oct 27 1932 W. H. Fitchman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1932, to Oct 24 1932. I last saw h.E.R. alive on Oct 24 1932. Death is said to have occurred on the date stated above, at 8:30 m. The principal cause of death and related causes of importance were as follows:

Cirrhosis (Poind) of liver. (not determined)
Chronic cholecystitis & cholelithiasis. Evidently many years.
126 standing.
 Other contributory causes of importance:
Local peritonitis 124B Ascites 127B
Ascites 127B

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? NO
 If so, specify _____
 (Signed) J. H. Cordouner, M. D.
 (Address) Carthage 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.

NOV 2 3 1932

