

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

Do not use this space.

32883

1. PLACE OF DEATH
 2 County Madison Registration District No. 539
 2 Township Marquand Primary Registration District No. 4320 File No. _____
 1 City Marquand, Mo. (No. _____) St. _____ Ward _____ Registered No. 10
 2. FULL NAME Ernest R. Thomas, Marquand, Mo.
 (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 29 yrs. 5 mos. 7 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 (print the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ressie Thomas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 5 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 114
 10. Date deceased last worked at this occupation (month and year) Sept 1932 11. Total time (years) spent in this occupation 6
 12. BIRTHPLACE (CITY OR TOWN) Marquand, Mo. (STATE OR COUNTRY) Madison County
 FATHER 13. NAME John Thomas
 14. BIRTHPLACE (CITY OR TOWN) Not know (STATE OR COUNTRY) 31
 MOTHER 15. MAIDEN NAME Barbara Stanfill
 16. BIRTHPLACE (CITY OR TOWN) Marquand, Mo. (STATE OR COUNTRY) Madison County
 17. INFORMANT Jessie Whitener (ADDRESS) Marquand, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marquand, Mo. DATE Oct 12 1932
 19. UNDERTAKER Harman & Co (ADDRESS) Marquand, Mo.
 20. FILED Oct 11 1932 M Carr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1932 to Oct 11 1932
 I last saw him alive on Oct 10 1932 Death is said to have occurred on the date stated above, at 3:00 m.
 The principal cause of death and related causes of importance were as follows:
Typhoid fever
 Date of onset Oct 1st 1932
 Other contributory causes of importance: (1)
 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? No
 If so, specify _____
 (Signed) H. Harry Borson M. D.
 (Address) Fruitcrest Town, Mo.

NOV 27 AM 1932

