

N. B.—Every item of information should be carefully supplied. AGE cannot be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 28 1932

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

Do not use this space.

33129

58

1. PLACE OF DEATH

County Perry

Registration District No. 660

Township Brewer

Primary Registration District No. 5875A

City Brunswick

(No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. Louis B. Thomase 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 (OR) WIFE OF

Consadig Duwall

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

July 20, 1862

7. AGE

YEARS

70

MONTHS

3

DAYS

3

If LESS than 1 day, ... hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Perry Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Leonard Thomase

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Eginiev Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Matilda Enser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Eginiev Mo.

(STATE OR COUNTRY)

14. INFORMANT

Mrs. Louis Thomase

(Address)

Brunswick Mo.

15. FILED

10753

19

Rev. J. H. Harker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-23-32 19

17.

I HEREBY CERTIFY, That I attended deceased from 8-31-32, 19, to 10-23-32, 19, that I last saw him alive on 10-22-32, 19, and that death occurred, on the date stated above, at 3:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93c (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 93c yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Harker, M. D.

10-23-32 (Address) Brunswick Mo.

*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

Mount Hope Cemetery
Brunswick Mo.

Oct 25 1932

20. UNDERTAKER

ADDRESS

Bay Und. Co. Brunswick Mo.

