

M. R.—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.

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

X Do not use this space.

34450

1. PLACE OF DEATH

County Shannon  
Township Winona  
City Winona (No.         )

Registration District No. 823  
Primary Registration District No. 6074

File No.           
Registered No.           
St.          Ward         

2. FULL NAME

Thomas H. Aelmon  
(a) Residence. No.          St.          Ward.           
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Martha Aelmon (OR) WIFE OF         

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,          hrs. or          min.  
78 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Smith Co Tenn  
(STATE OR COUNTRY) 2

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 2  
(STATE OR COUNTRY) Smith Co Tenn

14. INFORMANT Des Sharp  
(Address) Winona Mo

15. FILED 11-2-32 Mabel Becker  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1932

17. I, HEREBY CERTIFY, That I attended deceased from Oct 19 1932, to Oct 19 1932, and that I last saw h.          alive on          1932, and that death occurred, on the date stated above, at 2:50 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary  
151A/51  
(duration) 2 yrs. 2 mos.          da.

CONTRIBUTORY (SECONDARY)           
(duration)          yrs.          mos.          da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH?         

C DID AN OPERATION PRECEDE DEATH?          DATE OF           
WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?           
(Signed) H. P. Eudy, M. D.  
1930, 1932 (Address) Winona 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 New Cemetery, Winona Mo  
DATE OF BURIAL Oct 20 1932

20. UNDERTAKER Larry James Stone  
ADDRESS Dan Bureau

