WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

43044

1. PLACE OF DEATH

112 County Webster — Registration District No. 901

Township West Burton — Primary Registration District No. 6209

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

File No. .....

Registered No. 25

2. FULL NAME Thomas Church

(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 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*): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF — (OR) WIFE OF Emma Church

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9/1842

7. AGE: Years 90 — Months 6 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) (STATE OR COUNTRY) Ill.

FATHER

13. NAME Samuel Church

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Sarah Runchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT Burt Church
(ADDRESS) Rogersville mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove cem. DATE Dec 27 1932

19. UNDERTAKER Kelley & Lynell.
(ADDRESS) Rogersville, mo.

20. FILED Dec 26 1932 Nellie Atkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ at his home, 19..., to ..., 19...
I last saw him alive on Dec 25 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Hanging by the neck with a rope with suicidal intent

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Date of onset

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Hand Sig. Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12/25 1932
Where did injury occur? At home near Rogersville (Specify city or town, county, and State) Mo
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Hanging with a rope
Nature of injury Self inflicted

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John W. Good, M. D.
(Address) Coroner