

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

Do not use this space.

2803

1. PLACE OF DEATH

County Randolph
Township Clinton
City Clinton (No)

Registration District No. 731
Primary Registration District No. 5965

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Rice Thomas

(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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam L. Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 9 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

T. J. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER

Laura Woolbridge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14. INFORMANT

Delva Thomas
(Address) Clinton Hill Mo

15.

FILED 2-11-33 Mary G. Shivers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1933

17. HEREBY CERTIFY, That I attended deceased from Jan 18 1933 to Jan 18 1933
that I last saw him alive on Jan 18 1933, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

subcut Hemorrhage

CONTRIBUTORY (SECONDARY)

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) W. E. Alexander M. D.

, 19 (Address) Clinton Hill 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

Clinton Hill Mo

DATE OF BURIAL

1/21 1933

20. UNDERTAKER

Winkelmeyer & Co

ADDRESS

Salisbury

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.

Handwritten text, possibly a signature or name, oriented vertically.

Handwritten text, possibly a date or initials, oriented vertically.

Handwritten text, possibly a signature or name, oriented vertically.

Handwritten text, possibly a signature or name, oriented vertically.

Handwritten text, possibly a signature or name, oriented vertically.