

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.

78-109-10

1. PLACE OF DEATH
County Spekhan Registration District No. 399
Township Flora Primary Registration District No. 1002
City Flora (No. 3230)
2. FULL NAME Emma Thomas
(a) Residence, No. 3230 Flora 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.

File No. 5017
Registered No. 565 Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1886
7. AGE YEARS 46 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Mo
13. NAME Theo Patten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record
15. MAIDEN NAME no Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record
17. INFORMANT Miss Louise Thomas (ADDRESS) 3230 Flora Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb - 3 - 33
19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Brooklyn, N. C., Mo.
20. FILED 2-3 1933 M. M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1933
22. I HEREBY CERTIFY that I attended deceased from Jan 14 1933 to Feb 1 1933
I last saw him alive on Feb 4 1933. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Heart by History I could not find out from Clarence Thomas first call 9:15 Jan 14 1933
Date of onset Jan 14 1933
Other contributory causes of importance:
Chylo Carditis Jan 14 1933
Name of operation none Date of
What test confirmed diagnosis stagnant Was there an autopsy? no
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) W. M. Loy
(Address) 715 Apple Alley

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