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.

30 1933

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

Do not use this space.

6448

61 1. PLACE OF DEATH

County Macon

Registration District No. 534

File No. 5

8 Township ~~Russel~~

Primary Registration District No. 4319

Registered No. 534

Village City New Cambria (No. ..... St. ..... Ward)

1 2. FULL NAME Soloman Thomas

(a) Residence, No. Village of New Cambria, Macon County, Mo.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie M. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23, 1869

7. AGE: YEARS 63 | MONTHS 1 | DAYS 26 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Work

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North of New Cambria, Mo.

1

FATHER

13. NAME: Richard Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Wales

8

MOTHER

15. MAIDEN NAME: Jane Llewellyn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Wales

8

17. INFORMANT (ADDRESS): Rachel James, Brookfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Cambria DATE Feb. 21, 1933

19. UNDERTAKER (ADDRESS): M. Y. Rusk, Brookfield, Missouri

20. FILED Feb 21st 1933 E. T. Lunday Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1933 to Feb 19, 1933

I last saw him alive on Feb 19, 1933 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrage — Date of onset Feb 16 1933

820

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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) C. O. West, M. D.

(Address) New Cambria Mo