

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

Do not use this space.

20877
371

1. PLACE OF DEATH

94 County St. Francois Registration District No. 774
Township " " Primary Registration District No. 60180
City Flat River, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Mr. Thomas Pleasant Counts
(a) Residence, No. Flat River - Mo. 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, cauc 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 - 1849
7. AGE YEARS 84 MONTHS 4 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) St. Genevieve County

13. NAME Mr. Wm. Counts

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

15. MAIDEN NAME Elizabeth Falkner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mr. Ernest Counts Son
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill, St. Francois DATE June 27, 1933

19. UNDERTAKER Alvin W. Hood
(ADDRESS) Flat River - Mo.

20. FILED June 30, 1933 W. G. Bryan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-33

22. I HEREBY CERTIFY, That I attended deceased from 3-20-33 to 6-25-33
I last saw him alive on 6-24-33. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Pneumonia
Following a prolonged illness
Date of onset 10/13
Other contributory causes of importance: stapes zona (venous)

Name of operation _____ Date of _____
What test confirmed diagnosis? chump 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. G. Bryan, M. D.
(Address) Flat River

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.

JUL 22 1933

