

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

Do not use this space.

37077

1. PLACE OF DEATH

County..... Linn Registration District No. 496
Township.....
City Brookfield (No. 132 & Robard)
Primary Registration District No. 3025

File No.....
Registered No. 83
St. 3rd Ward)

2. FULL NAME Mrs. Ada Mc Williams Thomas

(a) Residence, No. 132 E. Robard St. 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert H. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 7 9

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.
10. Date deceased last worked at this occupation (month, day, and year) 11/10/33 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Beacon (STATE OR COUNTRY) Iowa

13. NAME Wm. Mc Williams

14. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY) Do Not Know

17. INFORMANT Clifford Thomas (ADDRESS) Brookfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 11/12/33

19. UNDERTAKER C.W. Hill (ADDRESS) Brookfield

20. FILED 11-14 1933 E. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/33

22. I HEREBY CERTIFY, That I attended deceased (from 11-10, 1933, to 11-10, 1933)

I last saw her alive on 11-10, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

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

Coronary Thrombosis Date of onset 11-10-33
A. B.
A. C. B.
Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) Flave Travis M. D.
(Address) Brookfield, Mo.

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.

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UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
DENVER, COLORADO

OFFICE OF THE ASSISTANT ATTORNEY GENERAL
WASHINGTON, D. C.

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