JAN 2 6 1934	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space. 40955	
1. PLACE OF DEATH County PERRY Township ST MARY'S TOWN City YOUNT, MO 2. FULL NAME THOMAS (a) Residence, No. You	(No	ion District No. 5-8-8-1		Ward)
(Usual place of abode) Length of residence in city or town where de	eath occurred yrs. mos	ds. How long in U.S., if of for		nd State) nos. ds.
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AN	D YEAR) Dec. //	, 19-3 3
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	22. I HEREBY CERT 193. I last saw h Amalive on to have occurred on the date stated in the principal cause of death and rel Lobar Janeary Other contributory causes of important	to Dec. // 19 33 above, at a P. m. ated causes of importance we	
H 13. NAME Thomas	Thomason 6			
14. BIRTHPLACE (CITY OR TOWN) Jen	muse .	Name of operation		
14. BIRTHPLACE (CITY OR TOWN) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE White Water 19. UNDERTAKER Personal Control (ADDRESS) 20. FILED / 2 / 4 1937 Form	Thornwoon neas is nore DEC/2 193 ing Co. Thornwoon Registrar.	23. If death was due to external caus Accident, suicide, or homicide?	es (violence), fil in also the f Date of injury The county, and the county, and the county, in home, or in public p	State) lace. M. D

