

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.

41079

PLACE OF DEATH

County

Ralls

Registration District No.

930

Township

Saline Township

Primary Registration District No.

5962

City

(No.

St.

Ward)

2. FULL NAME

Ruby Joyce Thomas

(a) Residence, No.

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

May-16-1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

26

6

27

OCCUPATION

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.

None

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)

Ralls Co Mo

MOTHER

13. NAME

Clarence Thomas

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

Ralls Co Mo

15. MAIDEN NAME

Susie Chittwood

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

Marion Co Mo

17. INFORMANT (ADDRESS)

Clarence Thomas
Monroe City Mo - R 742

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

12/14 1933

19. UNDERTAKER (ADDRESS)

Wilson & Son
Monroe City MO

20. FILED

Dec 14 1933

J. E. Floyd
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec. 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1933 to Dec 13 1933

I last saw him alive on Dec 12 midnight 1933. Death is said

to have occurred on the date stated above, at 3 a.m.

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

Broncho. Pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Physical

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)

J. E. Floyd

M. D.

(Address)

Reno

