

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Marion
City Barthage (No. _____, St. _____ Ward)

Registration District No. 408
Primary Registration District No. 3020

File No. 1559
Registered No. _____

2. FULL NAME

(a) Residence, No. 714 N. E. Brentwood St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1889

7. AGE YEARS 84 MONTHS 3 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Wabasha, Minnesota

13. NAME J. H. Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabasha, Minnesota

15. MAIDEN NAME Deeplia Paul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabasha, Minnesota

17. INFORMANT (ADDRESS) Herbert Thomas, Barthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE June 11, 1934

19. UNDERTAKER (ADDRESS) James Mackey, Barthage, Missouri

20. FILED Jan 11, 1934 E. B. Clinton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1933, to Jan. 9, 1934. I last saw him alive on Jan. 9, 1934. Death is said to have occurred on the date stated above, at 4:18 m.

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

Chronic Myocarditis Date of onset 1932

Other contributory causes of importance: Chronic Bronchitis Emphysema

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) E. B. Hatcher, M. D.
(Address) 338 Front St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death in plain terms.

FEB 27 1934

