

WHITE 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.

1934

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

Do not use this space.

1. PLACE OF DEATH

County Barstow
Township
City Golden City (No.)

Registration District No. 39
Primary Registration District No. 4023

File No. 7737
Registered No. 1
St. Ward

2. FULL NAME Sarah M. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>J. T. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2-1856</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>10</u>
		DM5
		<u>21</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired</u>	
	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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1934

22. NO I HEREBY CERTIFY That I attended deceased from no medical attendance.

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 9.1 m.

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

Carcinoma of breast

50

Other contributory causes of importance:

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mattoon, Illinois

13. NAME E. L. Joslin

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

15. MAIDEN NAME Adelaide Ashberry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co, Ky.

17. INFORMANT (ADDRESS) E. L. Joslin, Parsons, Kans

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) 2007 Golden City DATE 2/25 1934

19. UNDERTAKER (ADDRESS) J. P. Phillips Golden City Mo.

20. FILED 3-25 1934 B. F. Wilson Registrar.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) B. F. Wilson M. D.

(Address) Golden City Local Registrar

