

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

Do not use this space.

2333

85

7910
316

1. PLACE OF DEATH

County Bucaran Registration District No. 1001
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. State Hosp #2) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

May I. Thomas
(a) Residence, No. Wadsworth Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 29 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) widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1847

7. AGE YEARS 87 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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) unknown Missouri

13. NAME Solomon Bale

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) John R. Beader State Hosp #2 St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bucaran Mo DATE Mar 18 34

19. UNDERTAKER (ADDRESS) W. A. Decker 304

20. FILED 3-18-34 John R. Beader Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to March 16, 1934. I last saw her alive on March 16, 1934. Death is said to have occurred on the date stated above, at 2:10 P.m.

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

Chronic Myocarditis Date of onset Early infancy

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? Chin. Inquiry 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) Clifton Smith M. D.
(Address) State Hosp #2 St Joseph Mo.

WRITE 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

11
5
7

2333

2

2

2

