

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

Do not use this space.

20107

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. Burge Hospital) St. _____ Ward) _____
 2. FULL NAME Ellis Michael Thomas
 (a) Residence, No. 1926 N. Waller St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____

Registered No. 222

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1925
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 9 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Pupul
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pepperdine School
 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) Springfield Mo.
 FATHER 13. NAME Guy B. Thomas
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton Mo.
 MOTHER 15. MAIDEN NAME Gay Stokes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton Mo.
 17. INFORMANT (ADDRESS) Guy B. Thomas
1926 N. Waller St. Springfield
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brighton DATE June 17, 1934
 19. UNDERTAKER (ADDRESS) J. C. Thigpen
Springfield, Mo.
 20. FILED 6-17, 1934 Ralph Langston
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1934
 22. I HEREBY CERTIFY That I attended deceased from 6-12 1934 to 6-15-34 19____
 I last saw him alive on 6-15-34 19____ Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Poison from Spider Bite
 Date of onset _____
 Other contributory causes of importance: ME
 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) Henry F. Gray, M. D.
 (Address) 456 1/2 E. Court

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.

