

FEB 15 1935

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

Do not use this space.

1079

1. PLACE OF DEATH

County Douglas  
Township Calderbury  
City Waverly

Registration District No. 380  
Primary Registration District No. 337

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

William Bryan Thomason

(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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 - 8 16

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

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) J. C. Thomason

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri DATE Jan-20-1935

19. UNDERTAKER (ADDRESS) J. J. ...

20. FILED 2-19-35 W. W. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-19-1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to Jan-19, 1935. I last saw him alive on Jan-17, 1935. Death is said to have occurred on the date stated above, at 8:20 am.

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

Cerebral apoplexy  
Other contributory causes of importance: —

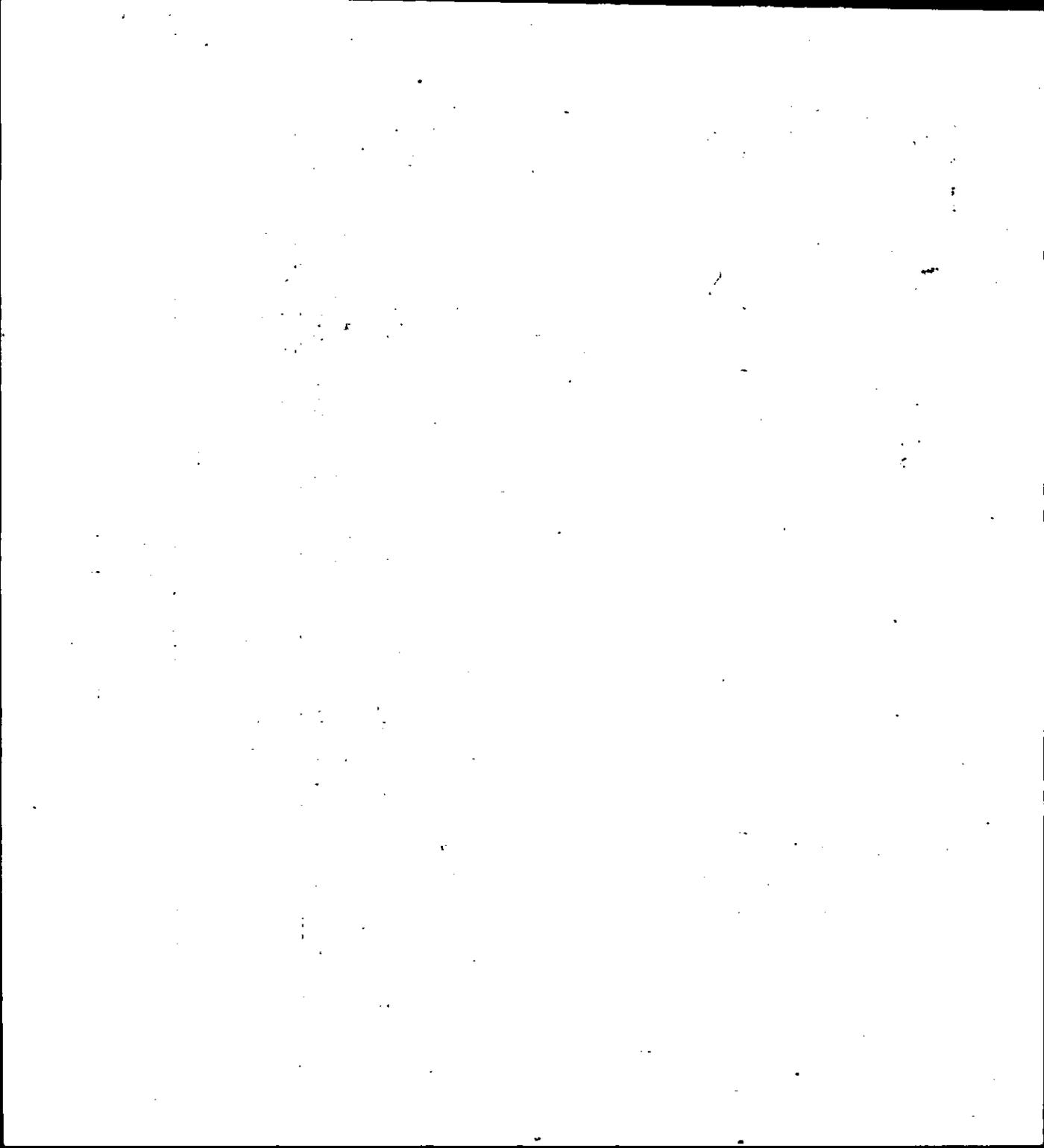
Name of operation Physician Date of —  
What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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. Ferrell, M. D.  
(Address) Missouri

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.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Haskell  
Township ..  
City (No. ....) ..

Registration District No. 383  
Primary Registration District No. 5534

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

William Pryor Thomason

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1935

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

22. I HEREBY CERTIFY That I attended deceased from .., 19.., to .., 19..  
I last saw .. alive on .., 19.. Death is said to have occurred on the date stated above, at .. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 13-15-1958

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.  
77 8 16

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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, months, days) spent in this occupation ..

Other contributory causes of importance:

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

13. NAME ..

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

15. MAIDEN NAME ..

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

17. INFORMANT (ADDRESS) ..

18. BURIAL, CREMATION, OR REMOVAL PLACE .. DATE .. 19..

19. UNDERTAKER (ADDRESS) ..

20. FILED 2-19 1935 G. W. Wimpshire 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) L. C. Haskell .., M. D.  
(Address) Haskell

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

MAR 29 1935

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