

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

Do not use this space.

MAR 27 1935

6135

1. PLACE OF DEATH

County Monroe
Township Muron
City (No. _____) _____

Registration District No. 579
Primary Registration District No. 5776A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George Wesley 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jaynes Carter Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-18-1872</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>3</u>
	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1935 to Feb 26, 1935
last saw him alive on Feb 26, 1935. Death is said to have occurred on the date stated above, at 7:10 am.

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

Date of onset Feb 25

Other contributory causes of importance:
92

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

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)
Monroe Co Mo

13. NAME Robert Thomas

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

15. MAIDEN NAME Elizabeth Thomas

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

17. INFORMANT Mrs Sam Cornelius
(ADDRESS) Madison Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Overlook Cem DATE Feb 28 1935

19. UNDERTAKER Ed A Thompson
(ADDRESS) Madison Mo

20. FILED 7/26, 1935 Ed A Thompson
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? No
If so, specify _____
(Signed) J. R. Turner M.D.
(Address) Madison Mo.

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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.

