

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.

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

Do not use this space.

APR 29 1934

11760

1. PLACE OF DEATH

County NorthRegistration District No. 903Township Shant CityPrimary Registration District No. 4546

File No.

Registered No.

St. _____ Ward _____

2. FULL NAME J. E. 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

3. SEX

m.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMrs. J. E. Thomas

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

May 30 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day,

hrs.

or

min.

65-9911

OCCUPATION

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

Dentistry

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)

Davenport, Ia.

FATHER

13. NAME

Ambridge Thomas

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

Dont know

MOTHER

15. MAIDEN NAME

Albina A. Allison

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

Dont know

17. INFORMANT (ADDRESS)

Mrs. J. E. Thomas

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green Mt. Mo.

DATE

May 17, 1934

19. UNDERTAKER (ADDRESS)

Andrews

20. FILED

3/151935Fred Mull, M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 14, 1936

22. I HEREBY CERTIFY That I attended deceased from

May 1, 1935 to May 14, 1935I last saw him alive on May 10, 1935 Death is saidto have occurred on the date stated above, at 12:45 p.m.

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

Cerebral hemorrhage

Date of onset

8231

Other contributory causes of importance:

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) John Andrews, M. D.(Address) Shant City Mo

