

JUN 1 1935

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

Do not use this space.

13703

1. PLACE OF DEATH

County New Madrid  
Township Como  
City Como

Registration District No. 605  
Primary Registration District No. 4259

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

2. FULL NAME

Lisa Thrasher

(a) Residence, No. .... St., .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
3 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co. Mo.

13. NAME John Thrasher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Chain Ill.

15. MAIDEN NAME Jennie Snider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo.

17. INFORMANT (ADDRESS) John Thrasher Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo. DATE 4-6-35

19. UNDERTAKER (ADDRESS) H. L. Gray's Malden Mo.

20. FILED 4/5 1935 H. L. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30 1935 to April 5 1935

I last saw her alive on April 5 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Paralytic ileus Date of onset 3/20/35

Other contributory causes of importance: Pneumonia, Bronchitis 4/2/35

Name of operation None Date of None

What test confirmed diagnosis? None 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) B. E. Gresh M. D.

(Address) Malden, Mo.

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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