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.

SEP 26 1935

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

Do not use this space.

25432

1. PLACE OF DEATH

County Webster — Registration District No. 896 — File No.

Township High Prairie — Primary Registration District No. 6200 — Registered No. 30

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Harrison Thomas

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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~~ Mrs Emma Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-14-1858

7. AGE: YEARS 77 — MONTHS 10 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Kentuckey

FATHER

13. NAME John Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Martha Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs William Thomas Marshfield Mo. R4D 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brixey Cem DATE July-30 1935

19. UNDERTAKER (ADDRESS) Kelley-Turrell Seymour Mo.

20. FILED Aug. 13 1935 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-29, 1935

22. HEREBY CERTIFY, That I attended deceased from July 22, 1935, to July 29, 19..

I last saw him alive on July 22, 1935. Death is said to have occurred on the date stated above, at 11-30 a.m.

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

Ruptured Ulcer of Stomach

Date of onset

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) J. W. Price M. D.

(Address) Marshfield Mo.