

SEP 20 1935

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

Do not use this space.

26172

1. PLACE OF DEATH

County Green Registration District No. 318  
Township St. John's Hospital Primary Registration District No. 2001  
City Springfield, Mo (No. 42) St. John's Hospital

File No. \_\_\_\_\_  
Registered No. 359  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Edna Theo Thomas

Fair Play, MO.

(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 Female 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 N.W. Thomas

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1935, to Aug 12, 1935.  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-28-1898

to have occurred on the date stated above, at 12:10 A.M.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 37 MONTHS 4 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Intestinal obstruction Date of onset Aug 6 '35  
Polonius

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

Other contributory causes of importance: Box tumor Aug 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Play, Mo

Name of operation Resectomy Intestinal Date of \_\_\_\_\_  
Laparotomy \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? ✓

13. NAME James Gathard

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.

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

15. MAIDEN NAME Mary Fox

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

17. INFORMANT (ADDRESS) N.W. Thomas  
Fair Play, O.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fair Play, Mo DATE Aug-12 1935

19. UNDERTAKER (ADDRESS) Cross Barber  
Fair Play, Mo

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Springfield Mo M. D.  
(Address) \_\_\_\_\_

20. FILED 8-12 1935 Ruta Angleton  
Registrar.

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.

