

NOV 25 1935

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

Do not use this space.

29325

## 1. PLACE OF DEATH

County Harrison

Registration District No. 334

Township Bethany

Primary Registration District No. 4197

City (No. )

File No. 389  
Registered No. 389  
St. Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. Ward.

(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)

Divorced

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

Phoebe A. Thomas

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

Dec. 22, 1854

## 7. AGE

80

8

24

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.

Retired

## 10. Date deceased last worked at this occupation (month and year)

February 1919

## 11. Total time (years) spent in this occupation

50

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Seesburg, Ind

## FATHER

## 13. NAME

Samuel Thomas

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

unk. Ohio

## MOTHER

## 15. MAIDEN NAME

Nixon

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

Seesburg, Ind

## 17. INFORMANT (ADDRESS)

Jay Thomas  
Bethany, Mo

## 18. BURIAL CREMATION, OR REMOVAL PLACE DATE

Burial  
Sept 18 35

## 19. UNDERTAKER (ADDRESS)

Royce P. ...  
Bethany, Mo

## 20. FILED

Oct 19 1935 A. K. W. ...  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Sept 13, 1935, to Sept 16, 1935

I last saw him alive on Sept 16, 1935. Death is said

to have occurred on the date stated above, at 6:25 pm.

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

Verenic Poison  
caused by retention  
of urine due to  
enlarged prostate.

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) Joseph L. Hood, M.D.

(Address) Bethany, Mo

