

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

Do not use this space.

NOV 20 1935

33503

1. PLACE OF DEATH

County Polk Registration District No. 690
Township Jefferson Primary Registration District No. 50892
City Jefferson St. _____ Ward _____

2. FULL NAME

(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 26 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Lat W. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-2-146</u>		
7. AGE	YEARS	MONTHS
	<u>89</u>	<u>7</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
MOTHER	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edgar, Mo.</u>	
	13. NAME <u>Wm Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burgin</u>	
	15. MAIDEN NAME <u>Don't know</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Conception Jett, mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>10-30</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Conception Jett, mo</u>		
20. FILED <u>Nov 19</u> 19 <u>35</u> <u>Mabel G. Shaw</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1931, 1931, to Oct. 28, 1935
last saw her alive on Oct 27, 1935. Death is said to have occurred on the date stated above, at 1030 a.m.
The principal cause of death and related causes of importance were as follows:

Serivity
97
Arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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? no
(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. M. Bayley M. D.
(Address) Conception Jett, mo

N. E. - Every item of information is to be stated EXACTLY, PHYSICALLY. Exact statement of OCCUPATION is very important. Properly classified.

1
2
31

WRITE
B. - Every item of information should be stated
CAUSE OF DEATH