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.

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

DEC 19 1935

Do not use this space.

36597

58

1. PLACE OF DEATH

County: Linn — Registration District No.: 496 — File No.:

Township: — Primary Registration District No.: 3025 — Registered No.: 103

City: Brookfield (No. ..., ... St. ..... Ward)

2. FULL NAME Anna Marie Thomas

(a) Residence, No. 632 Freeman St., 3 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22nd., 1929

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
6	4	11	

OCCUPATION

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

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) Overland Mo

FATHER

13. NAME W.E. Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo

MOTHER

15. MAIDEN NAME Ester Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo

17. INFORMANT (ADDRESS) W. E. Thomas Brookfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 11/4/35 19

19. UNDERTAKER (ADDRESS) C. W. Hill Brookfield

20. FILED Dec. 9 1935 [signature] M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/3/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 — 23, 1935, to 11 — 3, 1935

I last saw her alive on 11 — 3, 1935 Death is said to have occurred on the date stated above, at 7 A.m.

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

Broncho Pneumonia — Date of onset 11-2-35

10

Other contributory causes of importance:

Diphtheria — 10-23-35

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? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: none

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) C. E. Jenkins M. D.

(Address) Brookfield Mo