

MAR 18 1936

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

Do not use this space.

5329

1. PLACE OF DEATH

County Dunklin
Township
City Malden (No. St. Ward)

Registration District No. 289
Primary Registration District No. 4193

File No.
Registered No. 14

2. FULL NAME Larry Conrad Thomas

(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <input checked="" type="checkbox"/> SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25-1936</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>		
10. Date deceased last worked at this occupation (month and year) <u>Infant</u>		11. Total time (years) spent in this occupation <u>Infant</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Mo.</u>		
13. NAME <u>Byron Thomas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Malden Gibson Mo.</u>		
15. MAIDEN NAME <u>Violet Oretta Pitts</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gibson Mo.</u>		
17. INFORMANT (ADDRESS) <u>Johnnie Thomas Malden Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden Mo.</u> DATE <u>2-27</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>W. L. Craig Malden Mo.</u>		
20. FILED <u>2-27</u> 19 <u>36</u> <u>J. E. Mitchell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25th 1936, to Feb 27th 1936
I last saw him alive on Feb 27, 1936. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Intra-cranial hemorrhage of newborn
160B
Date of onset 2/27/36

Other contributory causes of importance:

Name of operation none Date of 2/27/36
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) John Van Cleve, M. D.
(Address) Malden Mo.

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.

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