

MAY 22 1936

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

Do not use this space.

14714

1. PLACE OF DEATH

County DunklinRegistration District No. 289

Township

Primary Registration District No. 4173City Malden (No.)

St. Ward)

2. FULL NAME Mrs. Florence Thomas

(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

3. SEX

Female

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

W.E. Thomas

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

March 24 - 1895

7. AGE

41 YEARS

MONTHS

—

DAYS

29

If LESS than 1 day, hrs. or min.

OCCUPATION

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.

Own home

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)

Ark

FATHER

13. NAME

W.H. Alexander

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

Ky

MOTHER

15. MAIDEN NAME

Regelin Henson

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

MO

17. INFORMANT (ADDRESS)

Mrs. Flora Leger Malden Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Malden DATE 4-24-36

19. UNDERTAKER (ADDRESS)

W.S. Huggins Sore Jonesboro Ark20. FILED 4/24-1936L.E. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 - 193622. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936 to April 23, 1936I last saw him alive on April 23, 1936 Death is saidto have occurred on the date stated above, at 4:15 p.m.

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

Chronic of Kidney -

Date of onset

1340

Other contributory causes of importance:

Large Kidney stoneHeart diseaseName of operation Cholecystomy Date of Jan 1935What test confirmed diagnosis? X-ray Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) Raymond Conditon M.D.(Address) Malden

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

