

JUN 27 1936

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

Do not use this space.

21627

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. Fitzgibbon Hosp.)

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 112
St. _____ Ward _____

2. FULL NAME Jacob Hardin Thomas

(a) Residence, No. Fitzgibbons Hospital St. _____ Ward. R7D
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8th, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 3 13

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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Saline county
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Thomas

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

MOTHER 15. MAIDEN NAME Catherine Baker

16. BIRTHPLACE (CITY OR TOWN) Saline county
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Mabel N. Thomas
(ADDRESS) Shackelford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE May 24 1936

19. UNDERTAKER T. D. Campbell
(ADDRESS) Marshall, Mo.

20. FILED May 23 1936 Neveu Houston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936, to May 21 1936
I last saw him alive on May 21 1936 Death is said to have occurred on the date stated above, at 9 a.m.

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

Carcinoma Stomach Date of onset 3 mo

Other contributory causes of importance No

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify _____

(Signed) Neveu Houston M. D.
(Address) Marshall, Mo.

Every year 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.

