

MAY 29 1936

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

Do not use this space.

21815 7

1. PLACE OF DEATH

County Webster
Township Grant
City _____

Registration District No. _____
Primary Registration District No. 6191
(No. Strafford Route 3)

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME Fred Forrester Thomas

(a) Residence, No. Strafford, Route One 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. 4 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, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 7 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy
10. Date deceased last worked at this occupation (month and year) 7 or 8 years 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) Mitchell County
(STATE OR COUNTRY) Kansas

13. NAME Lott Forrester Thomas

14. BIRTHPLACE (CITY OR TOWN) Indiana, Rush Co.
(STATE OR COUNTRY)

15. MAIDEN NAME Hattie Vanskike

16. BIRTHPLACE (CITY OR TOWN) Shelby County
(STATE OR COUNTRY) Missouri

17. INFORMANT Lott F. Thomas
(ADDRESS) Strafford Mo RI

18. BURIAL, CREMATION, OR REMOVAL PLACE Manley Cemetery DATE 5-18 1936
Christian County

19. UNDERTAKER F. G. Thigme
(ADDRESS) Springfield, Mo

20. FILED 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from January 25 1936, to May 1 1936

I last saw him alive on May 1 1936. Death is said to have occurred on the date stated above, at 1 a. m.

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

Valvular (Rheumatic) Heart Dis. Date of onset @ 7yrs.
Acute Decompensation, with
Pulmonary Oedema and
Hemorrhage.

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. Ray Was there an autopsy? No

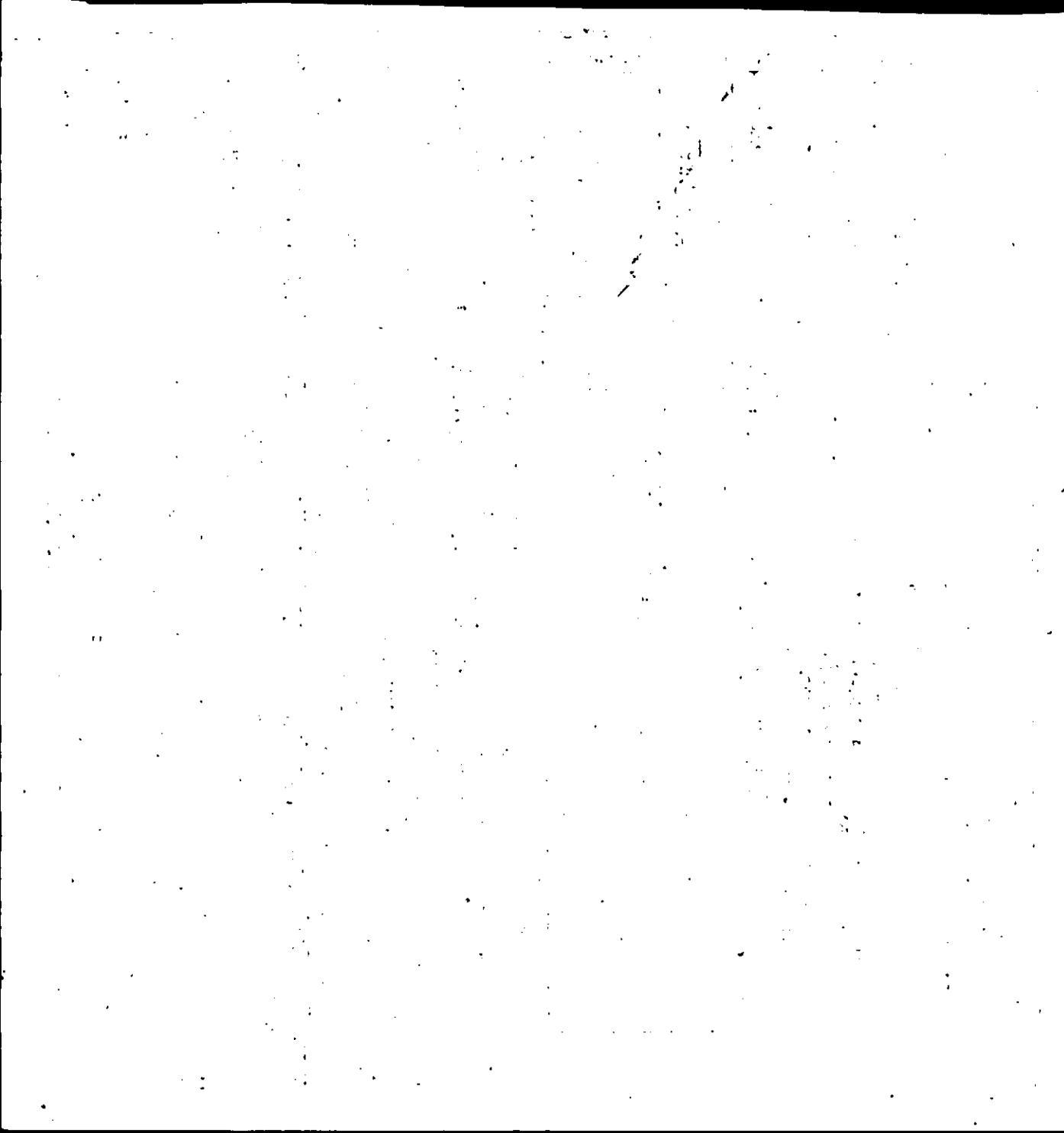
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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) C. P. Macdonnell, M. D.
(Address) Marshfield, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County Wesley Registration District No. 896 File No. _____
 Township Grant Primary Registration District No. 6199 Registered No. _____
 City (No. Stratford Mo. R# 3) St. _____ Ward _____

2. FULL NAME

Fred Forrester 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1906

7. AGE YEARS 49 MONTHS 7 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy

10. Date deceased last worked at this occupation (month and year) 2-2-36 11. Total time (years) spent in this occupation. 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Loth Forrester Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian, Missouri

15. MAIDEN NAME Hattie Van Kirk

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

17. INFORMANT (ADDRESS) Loth Forrester Thomas, Stratford, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Christiansburg DATE 5-18-36

19. UNDERTAKER (ADDRESS) F. C. Thomas, Springfield, Mo.

20. FILED June 15, 1936 Cligbald Highfill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1936 to May 1, 1936. I last saw him alive on May 1, 1936. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Valvular Rheumatism Date of onset _____

Heart disease, Acute

decompensation with pulmonary Oedema

Other contributory causes of importance: Renorrhage

Doctor refuses to give further information concerning lungs

Name of operation Lab. Coagulation
 What test confirmed diagnosis? X-Ray Was there an autopsy? N

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) C. P. Mc Donnell, M. D.
 (Address) Manchester

S-21815