

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.

SEP 21 1938 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

30275

## 1. PLACE OF DEATH

County ClarkRegistration District No. 190Township LincolnPrimary Registration District No. 52611City Lincoln (No. 114)St. Mo. Ward 114

## 2. FULL NAME

(a) Residence, No. Thomas Harrison DoombsSt. Mo. Ward 114

(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, WIDOWED, OR DIVORCED (write the word)

widowed

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

Ida M. Doombs

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

Nov. 16, 1851

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

84811

## OCCUPATION

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

retired

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)

Scotland Co. Mo.

## MOTHER

## 13. NAME

Edwin B. Doombs

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

Kentucky

## 15. MAIDEN NAME

Sarah Burk

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

Kentucky

## 17. INFORMANT (ADDRESS)

Ken Doombs  
Albion, La.

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Memphis Mo.

## DATE

Aug 8 1938

## 19. UNDERTAKER (ADDRESS)

H. H. Ayres & Son  
808 Memphis Mo.

## 20. FILED

78

19

22 Bridges

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug 7 1938I HEREBY CERTIFY That I attended deceased from Aug 6 1938 to Aug 7 1938I last saw him alive on August 7, 1938. Death is saidto have occurred on the date stated above, at 11:30 m.

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

Primary Pneumonia  
(Hypostatic)Date of onset  
8/1/38

Other contributory causes of importance:

Senility

Name of operation

none

Date of

What test confirmed diagnosis

clinicalWas 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?

If so, specify

(Signed)

(Address)

J. L. Hobbs, M.D.  
Albion, Mo.

M. D.

