

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.

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

Do not use this space.

34924

SEP 25 1936

1. PLACE OF DEATH

County *D. W. Livingston* Registration District No. *508*  
Township \_\_\_\_\_ Primary Registration District No. *3026*  
City *Chillicothe* (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

~~XXXXXXXXXX~~ *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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>#</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 6, 1936</i>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chillicothe Mo.*

MOTHER FATHER 13. NAME *Pearl Thomas*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wheeling Mo.*

MOTHER 15. MAIDEN NAME *Burnett Smith*

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

17. INFORMANT (ADDRESS) *Berlie Wilson Chillicothe Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wheeling Mo.* DATE *Sept 7 1936*

19. UNDERTAKER Disposed of by family (ADDRESS)

20. FILED *Sept 9 1936* *Donald M. Howell* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-6 1936*

22. I HEREBY CERTIFY, That I attended deceased from *9-6, 1936, to 9-6, 1936*

I last saw him/her alive on *9-6, 1936* Death is said to have occurred on the date stated above, at *12 Noon*

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

*Prematured about 5 to 6 months* Date of onset

*157*

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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? *N.O.*

If so, specify \_\_\_\_\_

(Signed) *Reuben Barney* M. D.

(Address) *Chillicothe, Mo.*

