

DEC 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RawPrimary Registration District No. 1002City R. C. Mo(No. 1877 E. 76 St Terrace)File No. 41196Registered No. 1002St. Ward

2. FULL NAME

Miss Eleanor A. Thomas(a) Residence, No. 1877 E. 76 St Terrace, 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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10-18757. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 268. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

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) Queen's, Canada13. NAME J. J. E. Thomas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Martha Macbauley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada17. INFORMANT (ADDRESS) Miss Jane Adams18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina, Mo DATE Nov. 7, 193619. UNDERTAKER (ADDRESS) Wagner Funeral Home20. FILED Nov 6 1936 M. M. Corwin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1907, to Nov 6, 1936I last saw her alive on Nov 6, 1936 Death is saidto have occurred on the date stated above, at 4 A.M.

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

Hemiplegia Date of onset Oct 24, 1936

Other contributory causes of importance

Carcinoma of CervixName of operation Left side femoral Date of What test confirmed diagnosis? Are 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) L. J. Linscomb M. D. (Address) 1020 Chambers Bldg.

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.

Chambers Bldg - there at 4 P.M.

Ma 1568