JAN 29 1937

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

Do not use this space.

44204

1. PLACE OF DEATH
County Cooper
Registration District No. 218
File No.
Township
Primary Registration District No. 3015
Registered No. 144
City Boonville (No. St. Joseph Hospital St. Ward)

2. FULL NAME Beulah Belle Thomas
(a) Residence, No. St., Ward. Fulton, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Guy Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-2-1895
7. AGE: YEARS 41 MONTHS 10 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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): Missouri

FATHER
13. NAME: John W. Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Margret McClellen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Guy Thomas Fulton Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Removal
PLACE Fulton Mo DATE Dec-26 1936
19. UNDERTAKER (ADDRESS): Leo G. Wallace Fulton Mo
20. FILED Dec 26 1936 D. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1936, to Dec 26, 1936
I last saw her alive on Dec 26, 1936 Death is said to have occurred on the date stated above, at 5.40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	

Other contributory causes of importance:
Pat. operated for Gallbladder ad appendix Dec 24 - Acute cystitis long
Name of operation Date of Dec 24
What test confirmed diagnosis? 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) A. H. Rawlings, M. D.
(Address) Boonville Mo