

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County MACONRegistration District No. 533File No. 7164

Township

Primary Registration District No. 3027Registered No. 20City MACON (No.)

St. Ward)

2. FULL NAME UNNAMED CHILD OF Roy 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB 2 - 1937</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) <u>MACON MO</u>		
13. NAME <u>Roy Thomas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>BEVIER MO</u>		
15. MAIDEN NAME <u>VIVIAN EVANS</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>BEVIER MO</u>		
17. INFORMANT <u>Roy Thomas</u> (ADDRESS) <u>BEVIER, MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BEVIER</u> DATE <u>2-3</u> , 19 <u>37</u>		
19. UNDERTAKER <u>Dr. Brown</u> (ADDRESS) <u>Bevier Mo</u>		
20. FILED <u>2/10</u> , 19 <u>37</u> <u>Leslie Hewitt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2nd, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937 to Feb 2, 1937I last saw him alive on Feb 2, 1937. 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:

Premature Birth 2-2-37

Date of onset

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?.....

If so, specify.....

(Signed) J. J. Brown(Address) Bevier Mo

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.

