

MAR 24 1937

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

Mourne
Do not use this space.

7592

1. PLACE OF DEATH

County..... Pettis Registration District No. 665
Township..... Primary Registration District No. 3232
City..... Sedalia (No. 903 So. Vermont St. _____ Ward)

File No. _____
Registered No. 35

2. FULL NAME Zebdee Thomas

(a) Residence, No. 903 So. Ver. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1937 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Feb 7, 1937

I last saw h. Ch alive on Feb-7-, 1937. Death is said to have occurred on the date stated above, at 10 P. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 20

Date of onset

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

Ordema lungs
HO

Other contributory causes of importance
Calcium liver + Gall bladder

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

Name of operation Cholecystectomy Date of Oct 25
What test confirmed diagnosis? Chin. Lab Was there an autopsy? No

13. NAME Zebdee Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

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)

15. MAIDEN NAME Julia Hancock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Julia Thomas
Sedalia, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Feb. 9, 1937

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

(Signed) Alfred G. Mourne, M. D.
(Address) 117 W 4 Sedalia Mo

20. FILED Feb 8 1937 Jean Black
Registrar.

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.

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. _____, St. _____ Ward _____)

Registration District No. 668
Primary Registration District No. 3032

File No. 7592
Registered No. _____

2. FULL NAME

Zebdee Thomas

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-37

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

The principal cause of death and related causes of importance were as follows:
Edema of lungs Date of onset _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 2 20

OCCUPATION
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) _____ If Total time (years) spent in this occupation _____

Other contributory causes of importance:
Carcinoma of liver and gall bladder unknown - both simultaneous

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER FATHER
13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 2-8 1937 Jean Slack Registrar.

Name of operation involved 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) Alfred E. Monroe M. D.
(Address) Sedalia, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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