

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

Do not use this space.

JUN 18 1937

19816

1. PLACE OF DEATH
 County Clenton Registration District No. 206
 Township _____ Primary Registration District No. 4123
 City Gower (No. Gower, Missouri) St. _____ Ward _____

2. FULL NAME Margaret Catherine Thomas
 (a) Residence, No. Gower, Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to April 16, 1937
 I last saw her alive on April 15, 1937. Death is said to have occurred on the date stated above, at 2:10 A.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1850.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 0 7

Cerebral Hemorrhage
 Date of onset _____

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None

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 _____

Other contributory causes of importance:
Arterio Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

13. NAME Martin Critchfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Mary Brady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Mrs. James Kincaid Gower, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Frazier Cemetery Frazier, Missouri DATE April 18, 1937

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED 4/18 1937 J. C. Linn Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clean 7/24 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? _____
 If so, specify From 1st
 (Signed) Frank Thomas, M. D.
 (Address) 731 Frazee St. Joseph, Mo.

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

