

JUN 30 1937

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

Do not use this space.

21567

1. PLACE OF DEATH

County Texas  
Township Lynch  
City Abbeville

Registration District No. 889  
Primary Registration District No. 6138

File No. 3  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

May E 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 7 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 9 - 1899

7. AGE YEARS 37 MONTHS 5- DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) 7 mos  
11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME John D Blankenship

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

15. MAIDEN NAME Willie Holland

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

17. INFORMANT Eshel Fletcher

18. BURIAL, CREMATION, OR REMOVAL PLACE Houston DATE May 14, 1937

19. UNDERTAKER G. V. Elliott

(ADDRESS) Houston Mo

20. FILED Jun 10 1937 Julia Heenev Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 13 - 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 13, 1937  
I last saw her alive on May 12, 1937. Death is said to have occurred on the date stated above, at 11-15a m.

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

Subacute Bacterial Endocarditis (Date of onset)  
Nasal Hemorrhage (terminal)

Other contributory causes of importance:

None

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) P. M. Dillman, M. D.  
(Address) Houston, 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.

OCCUPATION

FATHER

MOTHER

PLACE

(ADDRESS)

(Address)

APR 11 1967