JUL 27 1937

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

Do not use this space.

File No. 23440

Registered No. 33

1. PLACE OF DEATH
County Clarton
Township Salisbury
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 175
Primary Registration District No. 5243

2. FULL NAME William 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: Male
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: Cora May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8 - 1864

7. AGE: Years 72 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT: Mrs. Cora Thomas
(ADDRESS) Prairie Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bemis Cem. Keytesville DATE May 5, 1937

19. UNDERTAKER: Geo. B. Wurbelmeyer
(ADDRESS) Salisbury, Mo.

20. FILED 6-4, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~May~~ June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1935, to June 3, 1937
I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-3-37
Coronary Sclerosis	?
Chronic Myocarditis	?
Generalized Arteriosclerosis	?

Other contributory causes of importance: None

Name of operation: None Date of
What test confirmed diagnosis? Exam. 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) F. L. Harman, M. D.
(Address) Salisbury 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.