

AUG 24 1937

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

Do not use this space.

27521

## 1. PLACE OF DEATH

County *Jasper*Registration District No. *411*

File No.

Township

Primary Registration District No. *9002*Registered No. *559*

City

No.

St.

Ward

## 2. FULL NAME

(a) Residence No.

(Usual place of abode)

*John D Thomas**(St. Johns Hospital)**Spring Valley Camp*

St.

Ward.

*North Springs, Mo*

(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*

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

*Mable E. Thomas*

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

*Dec 15, 1870*

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .....hrs. or .....min.

*66**7**1*

## 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.

*Farmer*

## 10. Date deceased last worked at this occupation (month and year)

*mostly and year*

## 11. Total time (years) spent in this occupation

*44 yrs*

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

*Ohio*

## FATHER

## 13. NAME

*Enoch G Thomas*

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

*Ohio*

## MOTHER

## 15. MAIDEN NAME

*Mary Grows*

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

*Maryland*

## 17. INFORMANT (ADDRESS)

*Mrs. Mable E. Thomas (widow) North Springs, Mo*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

*North Springs, Mo*

DATE

*7-18-37*

## 19. UNDERTAKER (ADDRESS)

*Harboys, North Springs, Mo*

## 20. FILED

*9-25-37**Ed D James*

Registrar.

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*July 17, 1937*

## 22. I HEREBY CERTIFY, That I attended deceased from

*July 15, 1937, to July 17, 1937*I last saw him alive on *July 17, 1937*. Death is saidto have occurred on the date stated above, at *1 P. M.*

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

*Collapse and exhaustion*

Date of onset

*Following Primary Anemia*

Other contributory causes of importance:

*Primary anemia*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *u*

## 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? *7/0*

If so, specify

(Signed)

*J. Mitchell Gray*, M. D.

(Address)

*John No 71*

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



11

CONFIDENTIAL

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

275 21  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 2092 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. St. Johns Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John D. Thomas  
 (a) Residence, No. Spring Valley Ind. St.  Barter Spring Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>66</u>	<u>7</u>	<u>1</u>	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 24 yrs

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

FATHER

13. NAME Enoch H. Thomas

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

MOTHER

15. MAIDEN NAME Mary Brown

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

17. INFORMANT Mrs Marble E. Thomas  
(ADDRESS) Barter Spring Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barter Spring Mo. DATE 7-18-37

19. FUNERAL DIRECTOR Harvey Jones  
(ADDRESS) Barter Spring Mo.

20. FILED 9-25-37 Ed J. Jones  
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 - 1937 to July 17, 1937  
 I last saw him alive on July 19, 1937 Death is said to have occurred on the date stated above, at 1 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Collapse & Exhaustion  
Following Primary Anemia  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Primary Anemia

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) A. Mitchell Greag, M. D.  
 (Address) Joplin Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-27521