DEC 17 1937

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

Do not use this space.

41284

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. Burge Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 1092

2. FULL NAME Vannie A. Thomas
(a) Residence, No. 2140 N. Main 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 Female
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 Jesse A. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12-1891

7. AGE 35 YEARS 46 MONTHS 6 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home
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) Mo.

FATHER
13. NAME Robert M. Darnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Mollie Sarver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Jesse A. Thomas Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Nov 21 1937

19. UNDERTAKER (ADDRESS) J. W. Klingner Co. Springfield, Mo.

20. FILED Nov 20 1937 Chas A George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw her dead alive on Nov 18, 1937. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

By Suicide by cutting throat with Razor.

Other contributory causes of importance:

168

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Nov 18, 1937
Where did injury occur? 2140 N Main Springfield Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Cut throat with razor
Nature of injury Cut throat

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....
(Signed) D. E. Holman acting Coroner
(Address) Springfield 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.

WHITE PLAINE, WITH UNFADING INK—THIS IS A PERMANENT RECORD