JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Atchison — Registration District No. 20 — File No. 44535

Township ~~Tarkio~~ — Primary Registration District No. 4014 — Registered No.

City Tarkio (No. ..... St. ..... Ward)

2. FULL NAME Thomas Edgar Thacker

(a) Residence, No. Tarkio, Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1874

7. AGE: YEARS 62 — MONTHS 11 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd 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) MorrisTown Tenn

FATHER

13. NAME Levi Thacker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Elizabeth McKinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Samuel Thacker, Westboro, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE TarkiomMo DATE July 11, 1937

19. UNDERTAKER (ADDRESS) [illegible] Tarkio Mo

20. FILED July 9, 1937 — Cum Waugh, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6, 20 P. M

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

Cerebral Hemorrhage — Date of onset ?
Mitral Regurgitation with incompetency

Other contributory causes of importance: 92a

Name of operation Clinical 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) Cum Waugh, M. D.
(Address) Tarkio 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD