

REC'D JUN 15 1938

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

17614
Do not use this space.

1. PLACE OF DEATH

(a) County **Barry** Registration District No. **30**
(b) Township..... Primary Registration District No. **3003** Registered No. **23**
(c) City **Monett** (d) Street No..... 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 **Mae Audrey Thomas**

(a) Residence, No. **301 3rd. St.** St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Mat Thomas**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 19, 1900**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 8 6

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

9. Industry or business in which work was done, as 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) **Barry Co. Missouri**

13. NAME **Robert W. Patton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't Know**

15. MAIDEN NAME **Martha McDunner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

17. INFORMANT **Mat Thomas**
(ADDRESS) **Monett, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **I.O.O.F. Cemetary May 27, 1938**

19. FUNERAL DIRECTOR **Callaway's**
(ADDRESS) **Monett, Mo.**

20. FILED **5-27-38** **W. M. West**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 7, 1938**, to **May 25, 1938**
last saw her alive on **May 23, 1938**. Death is said to have occurred on the date stated above, at **1:30 A. M.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus

Other contributory causes of importance: **45**

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?..... 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) **L. A. Ferguson**, M. D.
(Address) **Monett, Mo.**

STATEMENT BY LICENSED EMBALMER

I, J. R. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. 3179
working under my personal supervision.

Signed J. R. Buchanan
Licensed Embalmer No. 3179

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)