REC'D JUL 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Camden
Township Adair
City Climax-Springs (No. ..., ... St. ..... Ward)
Registration District No. 118
Primary Registration District No. 5169
File No. 21491
Registered No. 6

2. FULL NAME Melvina Thomas 520
(a) Residence, No. Cross Timbers R.R. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Irvin Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7-1850
7. AGE YEARS 88 MONTHS 3 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

FATHER
13. NAME Anderson Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Evalin Tilley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Jess Thomas Cross Timbers, RR Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hayden Cem DATE June 16 1938
19. UNDERTAKER (ADDRESS) John Ferrell acting Climax Springs Mo
20. FILED Jun 16 1938 W. S. Windsor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938
22. I HEREBY CERTIFY That I attended deceased from June 10, 1938, to June 15, 1938
I last saw her alive on June 10, 1938. 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:
Cerebral Hemorrhage (Hemiplegia) — Date of onset 6-10-1938
8761
Other contributory causes of importance:
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? June 10-1938 (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 Hemorrhage brain
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. S. Windsor, M. D.
113 (Address) Climax Springs Mo

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

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.