FILED JUL 17 1938

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

Do not use this space.

File No. 21532
Registered No. 64

1. PLACE OF DEATH
County: Carroll
Township: Carrollton
City: Carrollton (No. ..... St. ..... Ward)
Registration District No. 135
Primary Registration District No. 3010

2. FULL NAME: Mrs Mary A. Thomas 520

(a) Residence, No. ..... 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: W. E. Thomas

6. DATE OF DATH (MONTH, DAY, AND YEAR): Mar. 26, 1869

7. AGE: Years 69 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston Co. Ky

FATHER
13. NAME: A. W. Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair Co. Ky

MOTHER
15. MAIDEN NAME: Susan Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs. L. C. Hudson, Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill Cem. DATE: June 9, 1938

19. UNDERTAKER (ADDRESS): L. Handley, Carrollton Mo

20. FILED 6-8, 1938 Ruth Haskins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35, 19..., to 6-6, 1938
I last saw h. alive on 6-6, 1938. Death is said to have occurred on the date stated above, at 5:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	1-1-35

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? ..... (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) H. B. Brown, M. D.
(Address) Carrollton

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.