

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

Do not use this space.

REC'D AUG 26 1938

26083

1. PLACE OF DEATH

75 County Oregon Registration District No. 632
 3 Township Thayer Primary Registration District No. X382
 0 City Thayer (No. _____) St. _____ Ward _____

2. FULL NAME

David Thomas 590
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) 35 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Nina Large

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 5 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ry. Conductor

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) Wales 4

13. NAME Jeffrey Thomas 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales 4

15. MAIDEN NAME Mary Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT Mrs. D. Thomas Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer Mo DATE 7/9 35

19. UNDERTAKER Low Carr Thayer Mo (ADDRESS)

20. FILED 7-9 1938 George Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-23 1938 to 7-7 1938

I last saw him alive on 7-7 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Myocarditis Date of onset _____
93 RI
 Other contributory causes of importance:
Buerger Disease
Buerger's

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) GW Cooper _____, M. D.

(Address) Thayer Mo

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CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

