

NOV 21 1938

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

36197
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 502
 (b) Township _____ Primary Registration District No. 4305 Registered No. 37
 (c) City Marceline (d) Street No. B.B. Putman Memorial Hospital 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 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

530 Mrs. Clara Bell Thomas
 (a) Residence, No. W. Walker 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 - P. R. Thomas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29 - 1859
 7. AGE YEARS 79 MONTHS 6 DAYS 14 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Athens (STATE OR COUNTRY) Ohio

FATHER 13. NAME Richard Simon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Seamon

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

17. INFORMANT (ADDRESS) B. J. Thomas Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE Oct 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gas McLaughlin Marceline Mo

20. FILED 10/12 1938 Ollie Barrett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 16 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1938 to Oct 11 1938
 I last saw him alive on Oct 11 1938 Death is said to have occurred on the date stated above, at 130A m.
 The principal cause of death and related causes of importance were as follows:

Fracture of neck (head)
Arterio-sclerosis
 Other contributory causes of importance: 186 lb
Smoking
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 9/23 1938
 Where did injury occur? Marceline Linn Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury Fell in yard
 Nature of injury Fract. neck of femur

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) B. B. Putman M. D.
Marceline Mo
 45 (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-38-485

Date Filed 11-4-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Blanche M Laughlin, or by Dale Burch

Registered Apprentice No. 149, working under my personal supervision.

Signed Blanche M Laughlin

Licensed Embalmer No. 19109

P. O. Address Marechal

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.)

If this body is not embalmed, above space should be left blank.