REC'D JAN 24 1939

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 541 — File No. 43751
Township Mason — Primary Registration District No. 3029 — Registered No. 323
City Hannibal (No. 2709 Hubbard St. ____ Ward)

2. FULL NAME Margret Jane Thomas
(a) Residence, No. 2709 Hubbard 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: Female	4. COLOR OR RACE: White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George W. Thomas		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18, 1854		
7. AGE: YEARS 84	MONTHS	DAYS 19 ~~18~~ — If LESS than 1 day, ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none		
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): Pennsylvania		
FATHER 13. NAME: John Cowden		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown		
MOTHER 15. MAIDEN NAME: Elizabeth		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown		
17. INFORMANT: Mrs. Ruth Thomas (ADDRESS) 2709 Hubbard		
18. BURIAL, CREMATION, OR REMOVAL — PLACE Cameron Mo. DATE 12/8/38.		
19. UNDERTAKER: Smith Funeral Home (ADDRESS) 902 Broadway		
20. FILED Dec 7 1938 W. C. Fisher Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1938, to Dec 7, 1938
I last saw her alive on Dec. 6, 1938 Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cause	Date of onset
Heart failure	1/7/1938
Other contributory causes of importance:	
Chronic myocarditis	1930
Auricular fibrillation	1934

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. Norton, M. D.
(Address) Hannibal 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.

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