

1939 JAN 20

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

44645
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby Registration District No. 830
(b) Township East View Primary Registration District No. 4503 Registered No. 38
(c) Shelbena (d) Street No. _____ 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 45 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Milton Thomas
(a) Residence, No. Shelbena Mo. 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 Male 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 Cora Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-6-1867

7. AGE YEARS 71 MONTHS 5 DAYS 8 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. Carpenter

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camp Point Ill

13. NAME William W Thomas

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

15. MAIDEN NAME Francis Kessler

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

17. INFORMANT (ADDRESS) Mrs Cora Thomas Shelbena Mo

18. BURIAL, CREMATION, OR REMOVAL 2007 Shelbena DATE 12/17/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Milton Bartlett Shelbena Mo

20. FILED Dec 20, 1939 Ruth Joyner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-10- 1925 to 12-14-38 1938
I last saw him alive on 12-14-38 1938. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage. 12-13-38
g 2nd
Other contributory causes of importance:
arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? no

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) A. McPherson M. D.
Shelbena Mo
727 (Address)

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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RECEIVED

District Health Officer No. 10

District File Number 10-28-1044

Date Filed 1-17-29

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, or by.....

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

Signed

Nancy A. Bartelend

Licensed Embalmer No. 3835

P. O. Address Delhwa, D.C.

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.