

REC'D FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH
35 County Dunklin 3 Registration District No. 288 File No. 2186
Township Ind. Primary Registration District No. 5406 Registered No. 7
City 520 No. 11 St. W. H. Thomas Ward. 1
2. FULL NAME W. H. Thomas County Jen. St. Mo. (If nonresident, give city or town and State)
(a) Residence, No. 520 County Jen. St. Mo. Ward. 1
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 Marie Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1878
7. AGE YEARS 60 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938, to Dec 20 1938
I last saw him alive on Dec 19 1938 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

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

Cerebral
Leuorrhoea
J. J. M.
Other contributory causes of importance:
Arterio sclerosis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braggadaco
13. NAME Jules Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME Margaret Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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

17. INFORMANT (ADDRESS) Harold Thomas
18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Dec 21 1938
19. UNDERTAKER (ADDRESS) W. H. Thomas

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Thrush
(Signed) Kenneth M. D.
(Address) Kenneth M. D.

20. FILED 2/1 1939 W. H. Thomas Registrar

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.

RECEIVED

District Health Officer No. 3,

District File Number 39-146

Date Filed 2-8-89