

REC'D APR 11 1939

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

Do not use this space.

10281

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 3.0.8
City Fulton (No.) St. Ward)

File No.
Registered No. 75

2. FULL NAME

Jerome Thomason
(a) Residence, No. Crowder, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 0 7

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

13. NAME Nathaniel Thomason

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

15. MAIDEN NAME Mary Thomason

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

17. INFORMANT (ADDRESS) Records of Cancer Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board DATE 3-14-39

19. UNDERTAKER (ADDRESS) J. B. Roberts Columbia, Mo.

20. FILED Mar 14 1939 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1938 to Mar 11 1939
I last saw her alive on Mar 11 1939 Death is said to have occurred on the date stated above, at 10:30 am.
The principal cause of death and related causes of importance were as follows:

Suppurative Cell Carcinoma of skin of left temporal region of head (Operative)
53
Other contributory causes of importance:
Broncho-pneumonia

Date of onset D.T.

Name of operation Date of
What test confirmed diagnosis? Biopsy 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? no
If so, specify
(Signed) J. S. Kapp, M. D.
(Address) Fulton, Mo.

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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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