

1939 JUN 8 1939

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

18205
Do not use this space.

1. PLACE OF DEATH *Callaway* ✓
 (a) County *Callaway* Registration District No. *104*
 (b) Township *Fulton* Primary Registration District No. *3008* Registered No. *126*
 (c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Henry Thomas*
 (a) Residence, No. _____ 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 *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ollie*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 4 - 1874*
 7. AGE YEARS *64* MONTHS *6* DAYS *18* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Laborer*
 9. Industry or business in which work was done, as 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) *Missouri*
 FATHER 13. NAME *Henry Thomas*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*
 MOTHER 15. MAIDEN NAME *Julia Brown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*
 17. INFORMANT (ADDRESS) *Mrs. Ollie Thomas Fulton Mo*
 18. BURIAL, CREMATION, OR REMOVAL *Wheatstone Cemetery* DATE *May 16 - 39*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Ellie Bell*
 20. FILED *May 15 19 39* *R. N. Cruce* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14 - 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *May 14 1939* to *May 14 1939*
 I last saw him alive on *May 14 1939*. Death is said to have occurred on the date stated above, at *8 A* m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
946
 Other contributory causes of importance:
Arteriosclerosis
 Name of operation *none* Date of _____
 What test confirmed diagnosis? _____ 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) *John J. Brown*, M. D.
 (Address) *Fulton Mo*

Date of onset
May 14

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.

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.....

Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, Mo

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.