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.

REC'D MAY 16 1939

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

19145
Do not use this space.

1. PLACE OF DEATH
(a) County MACON — Registration District No. 533
(b) Township — Primary Registration District No. 3027 — Registered No. 40
(c) City MACON — (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 520 BARNEY Thomas
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30-1873
7. AGE: YEARS 65 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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) Chariton Co. Mo 0

FATHER
13. NAME Levi Thomas 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo 0

MOTHER
15. MAIDEN NAME Sarah Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo

17. INFORMANT (ADDRESS) Luther Daniels Bevier Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Last Oakwood DATE 3-20 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. G. Edwards Bevier, Mo
20. FILED 4/15 1939 Leota Newton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 18 1939
22. I HEREBY CERTIFY, That I attended deceased from March 11, 1939, to March 18, 1939
I last saw him alive on March 18, 1939 Death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:
Coronary Acclusion 5/11/39
Date of onset
Other contributory causes of importance: none
94
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) J F Turner ; M. D.
476 (Address) Macon, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-763
Date Filed MAY 6 1939

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_____

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.