

REC'D AUG 18 1939

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

26225

Do not use this space.

1. PLACE OF DEATH

(a) County Myriam Registration District No. 547
(b) Township Marion Primary Registration District No. 3029
(c) City or Hannibal (d) Street No. St. Elizabeth Hospital Registered No. 214
(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. 0 How long in U. S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5207 Vandavia, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lois Thomas 1876
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 3

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) Jels (STATE OR COUNTRY) 1

13. NAME Russ Thomas 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1

15. MAIDEN NAME not obtained 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1

17. INFORMANT Jess Thomas (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL bur
PLACE Pleasant Ridge DATE 7-20 1939

19. FUNERAL DIRECTOR (NAME) W. H. Allen (ADDRESS) Vandavia, Mo.

20. FILED July 21 1939 W. T. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1939, to 7-15 1939

I last saw h. in alive on 7-15 1939. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Arterio sclerosis

Date of onset
1937

Other contributory causes of importance:
Hyperthymia Prostate 4-1-39

Name of operation Prostatectomy Date of 4-15-39
What test confirmed diagnosis? sp. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. H. Allen, M. D.
(Address) Hannibal, Mo.

Miss [unclear] [unclear] [unclear]

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 *W. B. Waters*

Licensed Embalmer No. *3321-*

P. O. Address *Vandolier*

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.

FILE IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

36225
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 347
(b) Township _____ Primary Registration District No. 3029
(c) City Marion (d) Street No. _____ Registered No. 214
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Frank Schmael 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. drifter
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) March 30, 1939 11. Total time (years) spent in this occupation. 25

12. BIRTHPLACE (CITY OR TOWN) Sussex Hill (STATE OR COUNTRY) Illinois

13. NAME Rosa Thomas

14. BIRTHPLACE (CITY OR TOWN) Sussex Hill (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Eliza Jane Baird

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Jess Thomas
Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 11/20 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm Waters
Wardalia Mo

20. FILED Sept. 21, 1939 O M Lucht Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) J. H. Hardesty, M. D.
(Address) Marion Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

property registered. Exact statement of OCCURRENCE is very important.

1939

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