

REC'D SEP 8 1939

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

29484
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 431
 (b) Township 1 Primary Registration District No. 3023 Registered No. 97
 (c) City Warrensburg (d) Street No. _____
 (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 Mary T. Thomas
 (a) Residence, No. 122 W. Gray 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 Fe 4. COLOR OR RACE Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William T. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1862

7. AGE YEARS 77 MONTHS 3 DAYS 28 If LESS than 1 day, hrs. or min.

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

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) Tenn.

FATHER 13. NAME Calvin Dimmitt

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

MOTHER 15. MAIDEN NAME Nancy Mackum

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

17. INFORMANT (ADDRESS) Mrs. G.E. Rollins 122 W. Gray Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lone Jack Cem. Jackson Co. Mo. DATE Aug 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W.F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Aug 26 1939 Eva Bentley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1939

22. I HEREBY CERTIFY That I attended deceased from 7-12 1939, to Aug 25 1939.
 I last saw him alive on Aug 24 1939. Death is said to have occurred on the date stated above, at 4:25 P. m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
 Date of onset 7

Other contributory causes of importance: 97

Name of operation _____ Date of _____
 What test confirmed diagnosis Arteriosclerosis 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? See
 If so, specify _____ (Signed) W.F. Wilcox M.D.
391 (Address) Warrensburg Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

51
66
21

FORM 1-12-39 I X14023

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/6/39

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. 3053

P. O. Address Warrensburg 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.