OCT 20 1939

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

33169
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot 2
(b) Township Hayti No 1
Registration District No. 653
Primary Registration District No. 5864
Registered No. 85
(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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 ELBERT THOMAS
(a) Residence, No. County 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 M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. on farm
10. Date deceased last worked at this occupation (month and year) 9-26-39
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lumpkin Ga

FATHER
13. NAME Peter Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lumpkin Ga

MOTHER
15. MAIDEN NAME Cynthia Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lumpkin Ga

17. INFORMANT (ADDRESS) Arrow Thomas Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hayti Mo DATE Oct 5 1939

19. FUNERAL DIRECTOR (ADDRESS) Mrs J Smith Hayti Mo

20. FILED 10/5 1939 Neal Kelley M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/4 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 6.45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
I dont Know possibly Pneumonia from History given	

Other contributory causes of importance: 289 N

Name of operation — Date of .....
What test confirmed diagnosis? History 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) Jack Kelley Coroner, M. D.
(Address) Hayti Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WHILE PATIENT, WITH CHRONIC INVALIDISM, IS A PERMANENT RECORD

I X12004

RECEIVED
District Health Officer No. 3,
District File Number 1039-609
Date Filed 10/9/39

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)