

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

11393
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 413
 (b) Township Webb Primary Registration District No. 5559.C. Registered No. 17
 (c) City Webb City or Webb City (d) Street No. TUBERCULOSIS HOSPITAL St.
 (e) Length of residence in city or town where death occurred 1 yrs. 1 mos. 7 ds. (f) How long in U. S., if of foreign birth? 17 yrs. 1 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. 450 Thomas & Thealson St. Hannibal Mo. 6
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30 1887</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>8</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Secondary Moulder</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Secondary Moulder</u>		
10. Date deceased last worked at this occupation (month and year) <u>Hannibal Mo</u>		11. Total time (years) spent in this occupation <u>23</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo</u>		
FATHER	13. NAME <u>Thomas P Thealson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London G</u>	
MOTHER	15. MAIDEN NAME <u>Cliza Deeny</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>HANNIBAL, MO</u> DATE <u>MCH 9, 40</u> , 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME), WEBB CITY, UND. CO. 377 (ADDRESS) <u>WEBB CITY, MO</u>		
20. FILED <u>MCH 7, 40</u> , 19 <u>40</u> <u>J. L. Critchett</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 to March 7, 1940
 I last saw him alive on March 6, 1940 Death is said to have occurred on the date stated above, at 12:15 am
 The principal cause of death and related causes of importance were as follows:
Pulmonary Sclerosis
Tuberculosis
Cor Pulmonale
 Other contributory causes of importance: 23
 Name of operation None Date of None
 What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1940
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Secondary Moulder
 (Signed) John E. Daugherty M. D.
 (Address) Webb City, Mo

WRITE FULLY, 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.

RECEIVED

District Health Officer No. 6,

District File Number 440-928

Date Filed APR 4 1940

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 myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 8,922

P. O. Address Webb City, 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.