

FILED APR 23 1940

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

11606

Do not use this space.

## 1. PLACE OF DEATH

(a) County Livingston Registration District No. 512  
(b) Township Gredn Primary Registration District No. 5682 Registered No. \_\_\_\_\_  
(c) City Utica (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

570 William Robert Thomas  
(a) Residence, No. Utica Mo. St.  (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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF Rebecca Jane Thomas  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 1 12  
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. Retired Farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Paris  
(STATE OR COUNTRY) Kentucky

FATHER 13. NAME Joseph Thomas  
14. BIRTHPLACE (CITY OR TOWN) Paris  
(STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Julia Lighter  
16. BIRTHPLACE (CITY OR TOWN) Lexington  
(STATE OR COUNTRY) Kentucky

17. INFORMANT Peiry Thomas  
(ADDRESS) Utica Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wheeling Mo. DATE April 3 1940

19. FUNERAL DIRECTOR Smiley Funeral Home  
(ADDRESS) Wheeling Mo.

20. FILED Apr 2 1940 Nozel Stanger  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1940

22. I HEREBY CERTIFY, that I attended deceased from March 11 1940 to March 31 1940  
I last saw him alive on March 31 1940 Death is said to have occurred on the date stated above, at 9:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 2 yrs. ago.

Other contributory causes of importance: 72C

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) W. E. Foster, M. D.  
457 (Address) Chillicothe Mo.

RECEIVED  
District Health Officer No. 11,  
District File Number 440-534  
Date Filed APR 12 1949

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470  
Frank L. Smiley

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 Frank L. Smiley  
Licensed Embalmer No. 470

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.)