

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

3543
Do not use this space.

REC'D JAN 25 1941

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
 (b) Township Portage Primary Registration District No. 4361
 (c) City Portageville (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

(a) Residence, No. Portageville mo. 1 St. D
 (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 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 Maudie Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6, 1873

7. AGE YEARS 67 MONTHS 3 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer
 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) Oakland City, Ind.

FATHER 13. NAME James W. Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakland City, Ind.

MOTHER 15. MAIDEN NAME Mary Ann Arnold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakland City, Ind.

17. INFORMANT (ADDRESS) Mrs. Clarence Thomas, Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 1/9/41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. S. Funnell, Portageville, Mo.

20. FILED Jan 25 1941 Mary W. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1941

22. I HEREBY CERTIFY, that I attended deceased from Only on Jan. 3, 1940, to _____, 19____. I last saw him alive on Jan. 3, 1940, 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:

Chronic nephritis 2 REFRE Date of onset _____

Other contributory causes of importance: Unknown

Name of operation None Date of _____
 What test confirmed diagnosis? Urinalysis 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) A. A. Reeder M. D.
 535 (Address) Portageville, Mo.

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.

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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.....

..... P. O. Address.....

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.