DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25395 State File No.

Registration District No. 2-13 Primary Registration District No. 5913 Registrar's No. 57

1. PLACE OF DEATH:
(a) County Perry
(b) City or town McBride Mo. Bois Brule Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 6 Months

2. USUAL RESIDENCE OF DECEASED: West Virginia Charleston W. Va.
(a) State ~~Ill.~~ (b) County ~~Cook~~
(c) City or town ~~Chicago Ill.~~ Charleston W. Va.
(If outside city or town limits, write "RURAL")
(d) Street No. 222 (If rural, give location) 14½
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Clara C. Thomas
3. (b) If veteran, name war
3. (c) Social Security No. 233-22-8453 None

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John R. Thomas
6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 27 (Day) 1885 (Year)

8. AGE: Years 59 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace (City, town, or county) West Virginia (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Newton C. Thurston
13. Birthplace West Virgina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura E. Legge
15. Birthplace West Virgina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Grof
(b) Address McBride Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young Kemp
(b) Address Perryville Mo

19. (a) 8-20-44 (Date received local registrar) (b) Thos E Old (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1944 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from July 16, 1944, to July 20, 1944; that I last saw her alive on July 19, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisening	
Due to Brights disease	✓
Due to Parlyas	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. P. Muller (M. D. or other) MD
Address Perryville, Mo Date signed 7-20-44

1326 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 844-42

Date Filed 8-11-44

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perry mills

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug 9

Registration District No. 213 | Primary Registration District No. 5913 | Registrar's No. 578

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Mc Bride No. Boi Brule Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara C. Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar (Month) 27 (Day) 1880 (Year)

8. AGE: Years 59 | Months 2 | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) W. V. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER / FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 10
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Uremic Poisoning	
Due to (b) Chronic Brights Disease	
Due to (c) Paralysis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13th
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature O J Miller (M. D. or other)

Address Perryville Date signed 8/15/44

Mo

SUPPLEMENTARY

25395