WRITE PLAINLY, 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.

42605

FILED APR 7 1947

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

Do not use this space.

22 43799

1. PLACE OF DEATH
County Pike — Registration District No. 279 — File No. 8
Township Prairieville — Primary Registration District No. 5957 — Registered No.
City Eolia (No. , St. Ward)

2. FULL NAME Callie Elizabeth Thomas
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. | 4. COLOR OR RACE W. | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE 67 YEARS | MONTHS 7 | DAYS 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) Pike Co. Clarksville Missouri

FATHER
13. NAME John Wiggington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Missouri

MOTHER
15. MAIDEN NAME Olive Virginia Estes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Mo

17. INFORMANT (ADDRESS) Harry Thomas Eolia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarksville DATE May 30 1946

19. UNDERTAKER (ADDRESS) N. E. Gooch Eolia, Mo.

20. FILED 3-17 1947 Gudie Richard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1946

22. I HEREBY CERTIFY, That I attended deceased from Apr 10th, 1946, to May 27, 1946
I last saw her alive on May 27, 1946 Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Apr 10 46

Other contributory causes of importance: 83A

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) C. L. Bankhead, M. D.
(Address) Paymonville Mo.