

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.

Number 24 1934

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

Do not use this space.

8685

1. PLACE OF DEATH

County
Township
City

Henry
Clinton
Clinton

Registration District No.

347

Primary Registration District No.

3018

File No.

Registered No.

33

St.

Ward

2. FULL NAME

Thomas William Egg

(a) Residence, No.

603 East Grand River

4

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

20 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

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

Josie F. Egg

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

Nov 2 1857

7. AGE

76

YEARS

3

MONTHS

6

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer & stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Public Officer.

10. Date deceased last worked at this occupation (month and year)

Mar 1 1931

11. Total time (years) spent in this occupation

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

Richmond Madison County, Ky.

MOTHER

13. NAME

Sir Clare Egg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Richmond Virginia

15. MAIDEN NAME

Sally Ann Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New Richmond Ky.

17. INFORMANT (ADDRESS)

Mrs. T. W. Egg 603 East Grand River St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Englewood

DATE May 4 1934

19. UNDERTAKER (ADDRESS)

S. Spore & Son Clinton Mo

20. FILED

3-2 1934

J. B. Hampton Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1932 to Mar 2 1934

I last saw him alive on Mar 6 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
131 93C 94B

Date of onset

1930

Other contributory causes of importance:

Cyanosis 1930
Chronic myocarditis 1930

Name of operation

none

Date of

What test confirmed diagnosis?

Chloride 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

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)

S. B. Hughes
Clinton, Mo.

M. D.

(Address)

