

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

4739

**1. PLACE OF DEATH**

County Franklin Registration District No. 190 File No. 624  
 Township Kan Primary Registration District No. 824 Registered No. \_\_\_\_\_  
 City K.C. Mo (No. 1841 East 8th) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Ellen Thomas  
 (a) Residence. No. 1841 E. 8th St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 John L. Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-4-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 10 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Denver  
 (STATE OR COUNTRY) Colo

10. NAME OF FATHER Wm James Heister

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Elizabeth Heister

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Ireland

14. INFORMANT John L. Thomas  
 (Address) 1841 East 8th

15. FILED 2/10 19 22 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-6 19 22

17. I HEREBY CERTIFY, That I attended deceased from Dec-15, 1921, to Feb-8, 1922, that I last saw her alive on Feb 8, 1922, and that death occurred, on the date stated above, at 12:20 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

59 Coma (Diabetic)  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Diabetes  
 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE DISEASE CONTRACTED S. C. Mo.  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Chas Howard, M. D.  
1719, 1922 (Address) 1419 Grand

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys DATE OF BURIAL Feb 11 19 22

20. UNDERTAKER St. Marys ADDRESS \_\_\_\_\_

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.

