

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.

25 1079

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

Do not use this space.

7854

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield (No. 6)
City Springfield (No. 6)
Primer Registration District No. 5439

File No. _____
Registered No. 403
St. _____ Ward _____

2. FULL NAME

George Thrazier
(a) Residence (No. 6) St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary Thrazier

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 68 unknown

8. OCCUPATION OF DECEASED farmer
(a) Trade, profession, or particular kind of work 127
(b) General nature of industry, business, or establishment in which employed (or employer) 128
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Texas
(STATE OR COUNTRY)

10. NAME OF FATHER Julian Thrazier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Texas
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mathe Robins (Address) Springfield, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ark
(STATE OR COUNTRY)

14. INFORMANT Julian Thrazier
(Address) Springfield Mo.

15. FILED John Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-18 1929

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1929, to May 18, 1929, that I last saw him alive on May 18, 1929, and that death occurred, on the date stated above, at 109m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

General debility due to old age.
Was afflicted with valvular heart trouble (chronic) inflammation of liver & gall bladder, (duration) yrs. mos. ds.

CONTRIBUTORY Same as above
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 900
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) E. J. Evans, M. D.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clear Creek Cem DATE OF BURIAL 5-21 1929

20. UNDERTAKER Alma L. Meyer ADDRESS 534 S. Main

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