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

Do not use this space.

18647

File No.
Registered No. 122

1. PLACE OF DEATH
County Lawrence
Township Aurora
City Aurora (No. 120 W Pleasant St. Ward)
Registration District No. 467
Primary Registration District No. 4280

2. FULL NAME Thomas Elwood Commons
(a) Residence. No. 120 W Pleasant 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.

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. THIS IS A PERMANENT RECORD

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 Julia Ann Commons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 1836

7. AGE: Years 92 | Months 11 | Days 5 | If LESS than 1 day, ...hrs. or ...min.

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

9. BIRTHPLACE (CITY OR TOWN) Rockville (STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER John Commons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

14. INFORMANT H. E. Ritchart
(Address) Aurora Mo.

15. FILED 6-4-, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to May 15, 1924, that I last saw him alive on May 13, 1924, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Insufficiency
97
(duration) ...yrs. ...mos. 15 ds.

CONTRIBUTORY (SECONDARY) Arteria-Sclerosis
(duration) 1 yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. N. Hammond, M. D.
5-18, 1924 (Address) Aurora Mo

*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 Maple Park Cem. | DATE OF BURIAL 5/17 1924
20. UNDERTAKER King Funeral Home | ADDRESS Aurora Mo

Townsend