MAY 28 1930

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

Do not use this space.
15168

1. PLACE OF DEATH
County: Washington
Township: Walton
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 108
Primary Registration District No.: 180
File No.: 131
Registered No.: 131

2. FULL NAME: Nath Thomlison
(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Zada Cambblin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 29 - 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	10	18	

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

9. BIRTHPLACE (CITY OR TOWN): Iron Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Jos. Thomlison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri.
12. MAIDEN NAME OF MOTHER: Jane Meyers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Reynolds Co, Mo.

14. INFORMANT: Jos. Thomlison
(Address): Berryman, Mo.

15. FILED 4/17, 1930 J. S. Hill REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-17 1930

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1930 to April 17, 1930 that I last saw him alive on April 12, 1930 and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart lesion
131
92A (duration) 5 yrs. 4 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jos. L. Thurman, M. D.
4-17, 1930 (Address) Potosi, 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: Berryman, Mo. DATE OF BURIAL: 4-18 1930
20. UNDERTAKER: Boyer & Son ADDRESS: Potosi

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.