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.

MAR 1 1932

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

Do not use this space.

File No. 3770

Registered No. 120

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME: Marie Nevada Thomas,

(a) Residence, No. 2704 South 17th. St., Ward.
(Usual place of abode) (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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: J. Lewen Thomas,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10, 1886

7. AGE — Years: 45 — Months: 3 — Days: 26 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gallatin, Missouri,

FATHER

13. NAME: Ples T. Green,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hamilton, Missouri,

MOTHER

15. MAIDEN NAME: Myrda Biddle,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

17. INFORMANT: Herbert F. Green
(ADDRESS) 2302 Cedar Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn Cem. DATE: Feb. 8th, 1932

19. UNDERTAKER: Heaton-Betsold-Baumann Funeral Home
(ADDRESS) 319 S. 10th. St.

20. FILED: FEB 8 1932 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby. 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, to Feb 6, 1932

I last saw her alive on Feb 5, 1932. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

	Date of onset
Myocarditis Chr	Several yrs.
Heart disease, Rheumatic Orig.	
Mitral Stenosis, Heart dilated	
Auricular Fibrillation	
Marked decompensation	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical 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, 19

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) L. H. Ferson, M. D.

(Address) St. Joseph, Mo.