

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

Do not use this space.

1- PLACE OF DEATH
 39 County Linn Registration District No. 318
 3 Township Campbell Primary Registration District No. 2001
 4 City Springfield Baxter Hospital St. _____ Ward _____
 2. FULL NAME Mrs. Marie Edmond Thomas
 (a) Residence, No. 521 S. Campbell 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.

File No. 4364
 Registered No. 155

MAR 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Thomas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1971
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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) Wis 2

MOTHER FATHER
 13. NAME James Barker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

15. MAIDEN NAME Carolina M. Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis

17. INFORMANT Mrs. Marie E. Berry
 (ADDRESS) 1124 E. 1st St. Mer

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Conway mo DATE Feb 23 1932

19. UNDERTAKER Floyd W. Fox
 (ADDRESS) 129 W. Washington

20. FILED 2-23 1932 Tom Sharp
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1932
 22. I HEREBY CERTIFY, That I attended deceased from 2-18 1932 to 2-22 1932
 I last saw h. 25 alive on 2-22- 1932 Death is said to have occurred on the date stated above, at 4:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Cataracts Pneumonia
107A
 Other contributory causes of importance: 107A
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify Hypertension!
 (Signed) _____, M. D.
 (Address) 365 Campbell Springfield mo

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.

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