

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

Do not use this space.

23783

1. PLACE OF DEATH.

65 County Merced
Township Washington
City (No.) (St.) (Ward)

Registration District No. 554
Primary Registration District No. 5747

File No.
Registered No.
St. Ward)

2. FULL NAME John Thomas

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeannine J. Thomas</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 30 1930</u>				
7. AGE	YEARS <u>43</u>	MONTHS <u>3</u>	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Martinsville Indiana</u>
	10. NAME OF FATHER <u>Salomon Thomas</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Martinsville Ind</u>
	12. MAIDEN NAME OF MOTHER <u>Susan M. Gowen</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Martinsville Ind</u>	

14. INFORMANT Blonde Thomas
(Address) Millgrove Mo

15. FILED 7/6 1933 E. C. Arnote
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1933

17. I HEREBY CERTIFY, That I attended deceased from July 1 1933, to July 5 1933, that last saw him alive on July 1 1933, and that death occurred, on the date stated above, at 9:45 P m.

THE CAUSE OF DEATH IS AS FOLLOWS:
Cancer stomach
460 (duration) yrs. mos. ds.
40
10
CONTRIBUTORY (SECONDARY) Accidens denta
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy Stomach
(Signed) J. M. Perry, M. D.
7/6 1933 (Address) Princeton 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 Princeton DATE OF BURIAL 7-7 1933

20. UNDERTAKER Martin Funeral Home ADDRESS Princeton Mo

FILED

RD

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