

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

Do not use this space.

17146

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Jasper (No. 1311 North St)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Eady Caroline Thomas

(a) Residence, No. 1311 North St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-6-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

13. NAME Henry Cox

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

15. MAIDEN NAME Susan Hoeheimer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs Frank P Kelly (ADDRESS) 1311 North St

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton Mo DATE May 9 1934

19. UNDERTAKER Dempsey Mortuans (ADDRESS) Jasper Mo

20. FILED 5-8 1934 Ed E Jamer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1931 to May 7 1934

I last saw her alive on May 7 1934. Death is said to have occurred on the date stated above, at 7<sup>45</sup> am.

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

Chronic Nephritis Date of onset \_\_\_\_\_  
with edema of extremities  
1311

Other contributory causes of importance: 1311

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.

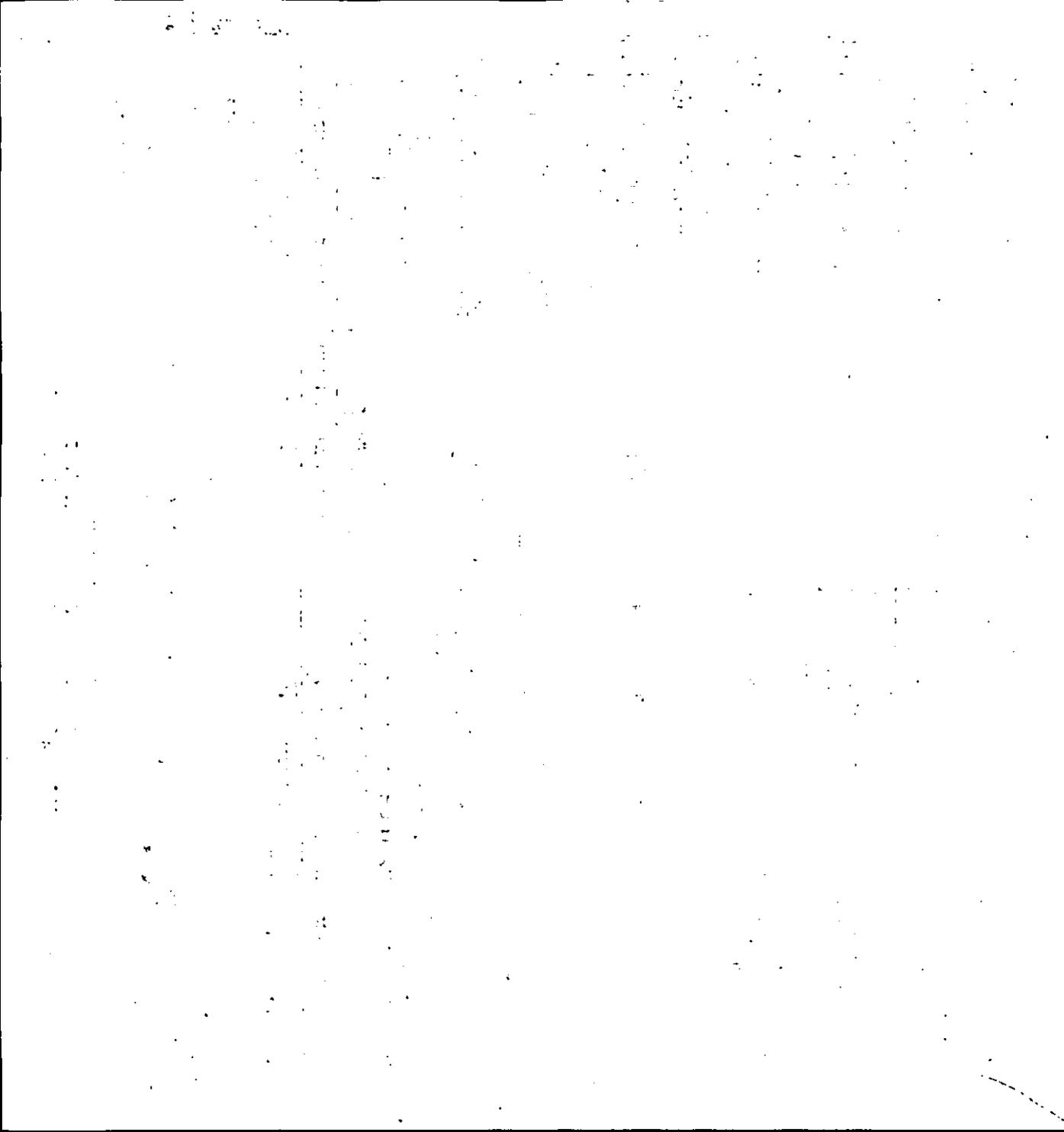
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Ed E Jamer, M. D.  
(Address) 708 1/2 W. 3rd St. Jasper Mo

JUN 22 1934

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