

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.

DEC 27 1935

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

Do not use this space.

36748

1. PLACE OF DEATH
 County Miss Registration District No. 569
 Township Ohio Primary Registration District No. 5765
 City Wyatt (No. _____) St. _____ Ward _____

2. FULL NAME Horris Ellen Thomas
 (a) Residence, No. Wyatt no St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX A 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>7</u>		

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

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) _____ 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss to mo

MOTHER / FATHER

13. NAME Clyde Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss to Mo

15. MAIDEN NAME Bertha Klapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss to Mo

17. INFORMANT Clyde Thomas
(ADDRESS) Wyatt no

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Coll Grove DATE Nov 1 1935

19. UNDERTAKER Mississippi County (Parker)
(ADDRESS) Charleston Miss

20. FILED Nov 1 1935 R Marshall
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1935 to Nov 1 1935
 I last saw him alive on Oct 31 1935. Death is said to have occurred on the date stated above, at 1 a m.
 The principal cause of death and related causes of importance were as follows:
tuberc colitis Date of onset _____

Other contributory causes of importance _____

Name of operation none Date of _____
 What test confirmed diagnosis? Chc 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) R Marshall _____, M. D.
 (Address) Wyatt no

