

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.

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

Do not use this space.

FEB 19 1936

1114

1. PLACE OF DEATH
 County Shou Registration District No. 391
 Township Acadia Primary Registration District No. 4230
 City Ironton (No. _____) St. _____ Ward _____

2. FULL NAME Thomas Burgess Wamsley (Wamsley)
 (a) Residence, 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.

File No. _____
 Registered No. 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 22, 1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Retired Professor</u>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pruton Lancaste England</u>		
FATHER	13. NAME <u>Wm. H. Wamsley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Mary Horton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT <u>Mrs. Sleptra Fania</u> (ADDRESS) <u>Ironton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Pruton Catholic Cemetery</u> DATE <u>Jan 26</u> 19 <u>36</u>		
19. UNDERTAKER <u>Acadia Valley Und Co</u> (ADDRESS) <u>Ironton, Mo</u>		
20. FILED <u>Jan 21 1936</u> <u>R. D. Karch</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1929, 19____, to 1/19/1936, 19____
 I last saw him alive on 1/19/36, 19____. Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Myocarditis
 Other contributory causes of importance:
None
 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) [Signature], M. D.
 (Address) Ironton, Mo.

