

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

Do not use this space.

5476

MAR 19 1936

1. PLACE OF DEATH

County Green Registration District No. 318 File No. _____
 Township _____ Primary Registration District No. 2001 Registered No. 129
 City Springfield (No. 821 E. Lombard) St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 821 E. Lombard 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 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 John W. Thomas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-13-1884
 7. AGE YEARS 51 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER FATHER
 13. NAME Mark Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Mo

15. MAIDEN NAME Peggy Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Mo

17. INFORMANT Gene Thomas (ADDRESS) 821 E. Lombard Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Chapel DATE Feb. 16-1936

19. UNDERTAKER R. B. Jones (ADDRESS) Buffalo Mo

20. FILED 2/15 1936 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-15-1936
 22. I HEREBY CERTIFY, That I attended deceased from 3-12-1936 to 3-13-1936, 1936
 I last saw him alive on 3-12-1936, 1936. Death is said to have occurred on the date stated above, at 821 E. Lombard m.
 The principal cause of death and related causes of importance were as follows:

Paralysis
apoplexy
stroke

Date of onset _____
 Other contributory causes of importance: _____
 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) G. G. Emerson, M. D.
 (Address) 558 E. Comb. St.

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.

