

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

Do not use this space.

23659

JUL 25 1936

1. PLACE OF DEATH

County New Madrid
Township Lewis
City Lilbourn (No. _____)

Registration District No. 274
Primary Registration District No. 4663

File No. _____
Registered No. 4063
St. _____ Ward _____

2. FULL NAME

Jessie Ann Thomas

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 '36
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Lilbourn Mo
13. NAME Seth Eugene Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo
15. MAIDEN NAME Arda Fodge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo

17. INFORMANT Dean Fodge (ADDRESS) Lilbourn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo DATE June 16 1936

19. UNDERTAKER none (ADDRESS) _____

20. FILED July 7 1936 G. E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1936, to June 14, 1936

I last saw her alive on June 14, 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Voluntary Heart Disease Date of onset _____
Other contributory causes of importance _____

Name of operation none Date of _____
What test confirmed diagnosis? Cholera 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. E. Jones, M. D.
(Address) Lilbourn Mo

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.

