

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

Do not use this space.

SEP 15 1936

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. 5018, Tholozan Ave)

File No. **32843**
Registered No. **8723**
St. _____ Ward _____

2. FULL NAME Maria Thomas

(a) Residence, No. Murphysboro Illinois, NR 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>T. B. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14, 1959</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>6</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME Kane

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)

17. INFORMANT Willie Thomas
(ADDRESS) 5018 Tholozan Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Murphysboro Ill DATE Aug 23 1936

19. UNDERTAKER Wm. J. Laughlin
(ADDRESS) 2301 Lafayette Ave

20. FILED AUG 22 1936
19 _____
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1936, to August 20, 1936
I last saw her alive on August 20, 1936. Death is said to have occurred on the date stated above, at 12:54 m.
The principal cause of death and related causes of importance were as follows:

<u>Arterio Sclerosis</u>	Date of onset <u>1931</u>
<u>Chronic Nephritis</u>	<u>1934</u>
<u>Chronic Myocarditis</u>	<u>1934</u>
Other contributory causes of importance: <u>Heat Stroke</u> <u>Thermic Fever</u> 8-17-36 <u>Fracture of humerus</u> 8-2-36	

Name of operation Fracture of humerus Date of 8-5-36
What test confirmed diagnosis? Roentgen Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 8/17/36
Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Progress caused her to fall
Manner of injury she slipped
Nature of injury fracture of arm

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Francis J. Weir, M. D.
(Address) 3871 South Kingshighway

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.

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