

JUN 22 1937

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

Do not use this space.

20356

1. PLACE OF DEATH

47 County Jasper  
Township H. Nelson  
City Carthage (No. 9)

Registration District No. 408  
Primary Registration District No. 5563A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Thomas Mikesell

(a) Residence, No. Route 4 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.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17, 1937</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>2</u>
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.	_____
	10. Date deceased last worked at this occupation (month and year)	_____
	11. Total time (years) spent in this occupation	_____

12. BIRTHPLACE (CITY OR TOWN) Carthage  
(STATE OR COUNTRY) Missouri

13. NAME Roy Mikesell

14. BIRTHPLACE (CITY OR TOWN) Carthage  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Edith Hood

16. BIRTHPLACE (CITY OR TOWN) Union  
(STATE OR COUNTRY) Iowa

17. INFORMANT Roy Mikesell  
(ADDRESS) Route 4, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stoney Point Cem. DATE May 20, 1937

19. UNDERTAKER Kneese Mortuary  
(ADDRESS) Carthage, Mo.

20. FILED May 19, 1937 R. Collier  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17<sup>th</sup>, 1937, to May 19<sup>th</sup>, 1937.  
I last saw him alive on May 18<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Asphyxia Cordis

Date of case May 17<sup>th</sup>

Other contributory causes of importance:

Premature Birth

May 11<sup>th</sup>

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 \_\_\_\_\_, 1937

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) J. Lawson, Jr.

(Address) 1502 1/2 Main St. Jasper 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.

