

REC'D MAR 25 1938

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

8418

Do not use this space.

1. PLACE OF DEATH

(a) County Wernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 55
(c) City Merada (d) Street No. State Hospital #3 Merada, Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. 5 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Springfield, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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>widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 16, 1848</u>		
7. AGE	YEARS	MONTHS
	<u>89</u>	<u>7</u>
		DAYS
		<u>15</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as 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>Malta Ohio</u>		
FATHER	13. NAME <u>John C. Thomas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mary Sprague</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Records of Hospital #3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield, Mo.</u> DATE <u>Mar. 2, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Spencer Springfield, Mo.</u>		
20. FILED <u>3-1</u> , 19 <u>38</u> <u>Allen W. Hays</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1937 to March 1st, 1938
I last saw her alive on Feb. 28, 1938. Death is said to have occurred on the date stated above, at 5:20 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Broncho-pneumonia</u>	<u>1938</u>
<u>Arteriosclerosis</u>	<u>1937</u>

Other contributory causes of importance: 1072

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) A. Miller, M.D. M. D.
(Address) State Hospital #3 Merada, Mo.
795

(Licensed Embalmer's Statement on Reverse Side)

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.

MAY 31 1957

STATEMENT BY LICENSED EMBALMER

I, Ralph Thiene, Licensed Embalmer No. 3681

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Ralph Thiene

Licensed Embalmer No. 3681

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)