

DEC 11 1938

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

15052
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
(b) Township Ossage Primary Registration District No. 5618 Registered No. _____
(c) City _____ (d) Street No. _____
(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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chas. Alexander Thomas 59, 0

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie M Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1865

7. AGE YEARS 72 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co. Ill.

FATHER 13. NAME Wm Wiley Thomas 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Matilda Hensinger 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deut. Prussia

17. INFORMANT (ADDRESS) Mrs Walter Bakesfield Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE 4/17 38

19. FUNERAL DIRECTOR (ADDRESS) W.E. Heeman Lebanon Mo

20. FILED 4-23-38 J. A. McComb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Apr 15, 1938
I last saw him alive on Apr 14, 1938. Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 1937

Other contributory causes of importance: 2nd

Name of operation _____ 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? _____ (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) H. A. Hamilton, M. D.
Lebanon, Mo (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Carl W. Hause, Licensed Embalmer No. 3955

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

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Carl W. Hause
Licensed Embalmer No. 3955

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.)