

REC'D JUN 20 1938

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

18542
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. St. John's Hospital St. _____
(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 Mary Thomas. 520
(a) Residence, No. Pittsburg, Kansas. St. Pittsburg, Kans.
(Usual place of abode, if no street address, write county or city) (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 (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. Thomas.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1853
7. AGE YEARS 85 MONTHS 0 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Asyria

FATHER 13. NAME J. Kaddah
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Asyria

MOTHER 15. MAIDEN NAME Mary Dumenia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Asyria

17. INFORMANT J. H. Thomas. (son)
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena, Kansas DATE 5-19-38

19. FUNERAL DIRECTOR Boice Undertaking Co.
(ADDRESS) Galena, Kansas

20. FILED 5-21 1938 Ed. E. Jones
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to May 19, 1938
I last saw him alive on May 19, 1938. Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Labar Pneumonia Date of post 5-1838

Other contributory causes of importance:

Name of operator J. H. Thomas, Jr. Date of 5-19-38
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, 1938

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) J. H. Thomas, Jr., M. D.
(Address) Galena, Mo.

(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.

STATEMENT BY LICENSED EMBALMER

I, John A. Schoeneman, Licensed Embalmer No. 3130,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John A. Schoeneman
Employed By Boice Undertaking Co. Galena, Kansas
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John A. Schoeneman,
Licensed Embalmer No. 3130.

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.)