

REC'D JUN 24 1938

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

Do not use this space.

19305

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. 19305
Township Sugar Creek Primary Registration District No. 3034 Registered No. 122
City Moberly (No. Woodland Hospital) St. 5 Ward 1

2. FULL NAME Clare W. Thomas

(a) Residence, No. 416 W. Carpenter St., 5 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25th 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 8 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tire Store
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) Mo

FATHER 13. NAME Luther H. Thomas

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

MOTHER 15. MAIDEN NAME May Brinkerhoff

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

17. INFORMANT (ADDRESS) Mrs Wina Thomas Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE June 16th 1938

19. UNDERTAKER (ADDRESS) Mather and Son Moberly Mo

20. FILED June 20 1938 Ethel Glecter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1938

22. I HEREBY CERTIFY That I attended deceased from June 9, 1938, to June 14, 1938.

I last saw him..... alive on..... June 14....., 1938. Death is said to have occurred on the date stated above, at 4:30 A. m.

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

Appendicitis, acute suppurative Date of onset June 7 1938

Other contributory causes of importance:

Pneumonia

Name of operation Appendectomy & drainage Date of June 9/38

What test confirmed diagnosis? Operation 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? No

If so, specify..... no

(Signed)..... R. D. Streeton....., M. D.

(Address)..... Moberly, 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.

