

REC'D DEC 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38793  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau (b) Township 11 (c) City Cape Girardeau (d) Street No. 1 Hart Hospital - 4:55 PM  
Registration District No. 12 Primary Registration District No. 3009 Registered No. 339

(e) Length of residence in city or town where death occurred 67 yrs. 1 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Matilda Thomas

(a) Residence, No. 727 N. Spanish St.  (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 - 1871

7. AGE YEARS 67 MONTHS 1 DAYS 8 If LESS than 1 day, .....hr. or .....min.

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) Cape Gir No. 1

FATHER 13. NAME John Black

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

MOTHER 15. MAIDEN NAME Elizabeth Schmidt

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

17. INFORMANT (ADDRESS) Mrs. Roy Leslie  
Millersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Mo DATE Nov 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beal & Estis  
Cape Gir No.

20. FILED 11-8-38 1259 M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1938 to 11-8 1938  
I last saw her alive on 11-8 1938 Death is said to have occurred on the date stated above, at 4:55 PM

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

Strangulated Hernia (Intestinal obstruction) Date of onset 11/7-38

Other contributory causes of importance: P.O. Hernia 1918

Name of operation Herniotomy Date of 11-5-38  
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 Seasonal

(Signed) George Walker M. D.  
(Address) Cape Girardeau 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*W. H. Estes*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*W. H. Estes*

Licensed Embalmer No.....

*3568*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**