

RECORDED MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH
 57 County Johnson Registration District No. 5586
 05 Township Past-Oak Primary Registration District No. 4256
 City Boeton (No. _____) St. _____ Ward _____
 525
 2. FULL NAME David Crockett Thomason
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 6936
 Registered No. 430

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 Lucille Thomason
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1902
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 8 13
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 1939 Sudden, 19____
 I last saw him alive Dead - 2-1-1939 Death is said to have occurred on the date stated above, at 6:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Suicide
Gunshot wound
 Date of onset _____
 Other contributory causes of importance: 167
 Name of operation _____ Date of _____
 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? Suicide Date of injury Feb 1, 1939
 Where did injury occur? His Home Section No. 20
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Shot with Shotgun
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. L. Bradley, Coroner M. D.
 (Address) Washington

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East, Tenn.
 FATHER
 13. NAME Henry D. Thomason
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.
 MOTHER
 15. MAIDEN NAME Cora Wheeler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.
 17. INFORMANT My Lucille Thomason
 (ADDRESS) Factor 7th
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Liberty DATE 2-3 1939
 19. UNDERTAKER R. A. Branninger
 (ADDRESS) Factor 7th
 20. FILED Mar 8 1939 Andeef Reynolds
 Registrar

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.

RECEIVED
District Health Officer No. 8,
District File Number 9/6/89
Date Filed _____