REC'D APR 10 1939

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 10326
Township — Primary Registration District No. 3009 — Registered No. 79
City Cape Fou (No. St Francis Hospital St. Ward)

2. FULL NAME Ella Thomas
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oswald Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 — 1903
7. AGE YEARS 36 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Appleton Mo

FATHER
13. NAME Ben Schrimm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old appleton Mo

MOTHER
15. MAIDEN NAME Martha Oxx
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old appleton Mo

17. INFORMANT (ADDRESS) Oswald Thomas. Old appleton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grace M.E. Cemetery DATE Mar 5 1939
19. UNDERTAKER (ADDRESS) McCombs Fun Co Jackson Mo 121
20. FILED 3-3 1939 J. M. Lompaire Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1939, to 3/3, 1939
I last saw her alive on 3/3, 1939. Death is said to have occurred on the date stated above, at 7:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	3/3/39
121	
Other contributory causes of importance: Old ruptured appendix (Recovered s operation)	1920

Name of operation Appendectomy Date of 2/22/39
What test confirmed diagnosis? All 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, 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) D. B. Elood, 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.

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