

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

35480

Do not use this space.

1. PLACE OF DEATH
 (a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006
 (c) City Columbia (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ada Thomas
 (a) Residence, No. 21 W. Allen St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Thomas
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1872
 7. AGE YEARS 67 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
 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) Boone Mo

FATHER
 13. NAME Albert Morrison

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ky

MOTHER
 15. MAIDEN NAME Lucy Davis

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Laura Cook
North 5th Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ed. cem DATE 10-30 1939

19. FUNERAL DIRECTOR (NAME) A. B. Freeman
(ADDRESS) 608 East Ave Columbia Mo

20. FILED 10/30/ 1939 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27 1939

22. I HEREBY CERTIFY, That I attended deceased from Sep 12 1939 to Oct 27 1939
 I last saw h. or w. alive on Oct 26 1939 Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus Date of onset _____
H/D

Other contributory causes of importance: Metastasis

Name of operation Exploratory Date of Sep 29
 What test confirmed diagnosis? Smear Was there an autopsy? Yes

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 _____
 (Signed) Lloyd Simpson, M. D.
 (Address) Columbia Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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, or by MO

A. C. Freeman

Registered Apprentice No. 2837

working under my personal supervision.

Signed

A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia MO

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.