

NOV 20 1939

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

36238
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
(b) Township _____ Primary Registration District No. 5335-4227 Registered No. _____
(c) City West Plains, Mo. (d) Street No. _____ Christa Hogan Hospital 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. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 Mary Thomas
(a) Residence, No. Koshkohonq, Mo. St. Koshkohonq, Mo.
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
19 6 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Salem, Ark.

FATHER
13. NAME James M. Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Ark.

MOTHER
15. MAIDEN NAME Lula Ozborn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Ark.

17. INFORMANT (ADDRESS) James M. Thomas
Koshkohonq, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hotfield, Ark. DATE Sept. 9, 1939
overland

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Caldwell
Higginbotham Funeral Service
Salem, Ark.

20. FILED 9-9- 1939 Vida W. SIMONS
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/6 1939, to 9/9 1939

I last saw him alive on 9/9 1939. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Acute Cardiac Dilatation

Other contributory causes of importance:

Ruptured appendix
general peritonitis

Name of operation appendectomy Date of 9-5-39

What test confirmed diagnosis? apud 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 _____, 1939

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) Maurice Thompson, M. D.

344 (Address) West Plains, 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.

MARGIN RESERVED FOR BINDING

V. S. NO. 33
50M-9-19-39
I X16805

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

Hal Thornburgh

Registered Apprentice No. _____

working under my personal supervision.

RECEIVED

District Health Officer No. 5

District File Number 1139359

Date Filed 11 8 39

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.