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

REGD DEC 1 1939

39568
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade 2 Registration District No. 302
(b) Township
Primary Registration District No. 6231 Registered No.
(c) City /
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thomnitz
(a) Residence, No. 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: M
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 Mary Thomnitz Janley (nee)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 - 1869

7. AGE: Years 70 | Months 4 | Days 23 | If LESS than 1 day, hrs. or min.

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. Farmer
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) Wollam - Mo. C C C

FATHER
13. NAME John Thomnitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wollam Gasconade Co., Mo.

MOTHER
15. MAIDEN NAME Minerva Elizabeth Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wollam Missouri

17. INFORMANT (ADDRESS) Bill Thomnitz Bland - Mo.

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
PLACE Liberty DATE 11/6 1939

19. FUNERAL DIRECTOR (ADDRESS) Sassmann's Bland Mo.

20. FILED 11-4 1939 E. L. Junge M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 8 - 18 1939 to 11 - 4 1939
I last saw him alive on 11 - 4 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	11-4-39
Hypertension	unk
Advanced arteriosclerosis	unk
Chronic bronchitis	
Chronic nephritis	

Other contributory causes of importance:
Had previous hemorrhage approximately four in number during last 1½ yr.

Name of operation none Date of
What test confirmed diagnosis? none 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
(Signed) Seth L. Barner, M.D.
(Address) Owensville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)