

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

44908
Do not use this space.

1. PLACE OF DEATH *Vernon* Registration District No. *875*
 (a) County *Vernon* (b) Township *Center* Primary Registration District No. *3039*
 (c) City *Nevada, Mo.* (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 *3* yrs. *0* mos. *0* ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Admiral Dot Thomas*
 (a) Residence, No. *224 South Chestnut* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *No.*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____ *1876*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Laborer*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Theater & janitor*
 10. Date deceased last worked at this occupation (month and year) *Dec 18, 1939* 11. Total time (years) spent in this occupation *40*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Camp Point, Ill.*
 FATHER 13. NAME *William Westley Thomas* 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown* 9
 MOTHER 15. MAIDEN NAME *Francis - last name unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
 17. INFORMANT (ADDRESS) *Miss Reta Short Street*
224 S. Chestnut - Nevada, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Shelbina, Mo.* DATE *Dec 17, 1939*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Hays Funeral Service*
Nevada, Mo.
 20. FILED *Dec 17, 1939* *Allen V. Hays*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 16, 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *12-16-1939* to *12-16-1939*. Death is said to have occurred on the date stated above, at *2:30* p. m.
 The principal cause of death and related causes of importance were as follows:
Acute myocardial failure - sudden death
 Date of onset *12-16-39*
 Other contributory causes of importance:
None. Had been doing labor duty until today
 Name of operation *None* Date of _____
 What test confirmed diagnosis? *✓* 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) *RB Hays*, M. D.
 _____ (Address) *Nevada, Mo.*

WRITE PEANUT, 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.

1-1 X16625

RECEIVED

District Health Officer No. 7,
District File Number 1-40-13
Date Filed 1-8-40

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.....

my self....., Registered Apprentice No.....
working under my personal supervision.

Signed AH Marmaduke.....

Licensed Embalmer No. 2070

P. O. Address Nevada, 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.