

SEP 25 1940

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

Do not use this space.

29380

1. PLACE OF DEATH

County Pike Registration District No. 2 697
Township Prairieville Primary Registration District No. 5749
City (No.) Ward

File No.

Registered No.

St. Ward

2. FULL NAME Susan Thomas

(a) Residence, No. Edina St. mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 - 6th 1940

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. unknown

Coronary thrombosis Date of onset

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

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

Other contributory causes of importance: hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co - Mo.

13. NAME Harry Walker

Name of operation... Date of...

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

What test confirmed diagnosis?... Was there an autopsy?...

15. MAIDEN NAME Don't know

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Effie Vaughn Edina mo.

Manner of injury... Nature of injury...

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Air DATE Sept 7 1940

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER Goach & Hickey Co Edina mo.

(Signed) Porter Turpin Coroner M.D.

20. FILED Sept 7 1940 W.M. Goach Registrar.

(Address) Pauling Green Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

