

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

Do not use this space.

**1. PLACE OF DEATH**

County Barry  
Township Muscatel  
City Muscatel Springs

Registration District No. 29  
Primary Registration District No. 5039

File No. 156564  
Registered No. 30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eliza Ann Thomas Vincennes Ind

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1933, to May 8th, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1860

I last saw her alive on May 8th, 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.

7. AGE YEARS 73 MONTHS 7 DAYS 26  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

(Rheumatic Heart Disease) Date of onset \_\_\_\_\_  
mitral stenosis, aortic insufficiency and atherosclerosis  
956  
102  
Feb 12, 1934

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) \_\_\_\_\_  
Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
1) Cardiac Decompensation  
2) Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vincennes Ind

13. NAME John Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Hand

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) John P. Thomas

18. BURIAL, CREMATION, OR REMOVAL PLACE Muscatel Springs DATE 5/10/34

19. UNDERTAKER (ADDRESS) Thomas - Caldwell

20. FILED May 16 1934 J. W. W. Neuman Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) John P. Thomas, M. D.  
(Address) Cassville, Mo.

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.

JUN 20 1934

592 593 594

Dr. J. W. W. Neuman

