

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.

JUN 17 1936

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

Do not use this space.

18461

1. PLACE OF DEATH

County Barry Registration District No. 29
Township _____ Primary Registration District No. 4021
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 37

2. FULL NAME

Louisa Heffley Thomas
(a) Residence, No. Cassville, Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1834 -

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

13. NAME Louisa Heffley

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

15. MAIDEN NAME Chapel Kimes

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

17. INFORMANT B. B. Heffley
(ADDRESS) Cassville, Mo. R. T.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 5/12 1936

19. UNDERTAKER Home - Charles
(ADDRESS) Cassville, Mo.

20. FILED June 6 1936 Georgina
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to May 3, 1936

I last saw her alive on May 2, 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Influenza Date of onset _____

Other contributory causes of importance 113

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

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 _____

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

(Signed) Chas. H. Brewer, M. D.

(Address) Cassville, Mo.

