

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 37
Township Washburn Primary Registration District No. 5053
City _____ (No. _____) St. _____ Ward _____

File No. 30035
Registered No. _____

2. FULL NAME Bernard (Ross) Thomas

(a) Residence, No. Route 1, Washburn St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1927

7. AGE YEARS 10 MONTHS 7 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elementary School
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) Barry County Missouri

13. NAME Curtis Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville, Missouri

15. MAIDEN NAME Mellie Graham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter, Missouri

17. INFORMANT Curtis Thomas (ADDRESS) Route 1, Washburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carter DATE 8-27 1937

19. UNDERTAKER Keon Funeral Home (ADDRESS) Cassville, Mo.

20. FILED 9/10 1937 J. W. Bell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1937 to 8-25, 1937
I last saw him alive on 8-25, 1937 Death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

meningitis
1860

Date of onset 8/22/37

Other contributory causes of importance:
Fall from Grape Vine or Tree (?)

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? NO Date of injury 8-21, 1937
Where did injury occur? Keon Funeral Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Injury to neck
Nature of injury Analysis of neck

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Clardwell _____ M. D.
(Address) Stella, 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.

