

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

Do not use this space.

APR 25 1936

11644

1. PLACE OF DEATH

County Monteau
Township Windsor
City California (No.)

Registration District No. 571
Primary Registration District No. 4835

File No.
Registered No. 134
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Carrers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9-1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 3 27

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

13. NAME Samuel B Thomas

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

15. MAIDEN NAME Amy Rhodes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhode Island

17. INFORMANT Esa Carrers (ADDRESS) California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3/9/1936

19. UNDERTAKER William F Friedmeyer (ADDRESS) California mo

20. FILED 3-9-1936 A. H. Pope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1936

22. I HEREBY CERTIFY, That I attended deceased from For several years, 19....
I last saw him alive on, 19.... 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:

Paralysis Date of onset

Cerebral hemorrhage

Other contributory causes of importance:

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....., 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?..... If so, specify.....

(Signed) L M Gray, M. D.

(Address)

