

NOV 28 1934

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

Do not use this space.

1. PLACE OF DEATH

County Monterey
Township Monterey
City California (No. 4335)

Registration District No. 571
Primary Registration District No. 5769

File No. 40088
Registered No. 49
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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1862

7. AGE YEARS 72 MONTHS 90 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Wis

13. NAME John Thomas

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

15. MAIDEN NAME Martha Booth

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

17. INFORMANT Mrs. Frank Thomas (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Church DATE 11/18 1934

19. UNDERTAKER William & Fred Meyer (ADDRESS) California Mo

20. FILED 11-17-1 1934 H.R. Popejoy Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-8- 1934, to 11-16 1934

I last saw him alive on 11-15- 1934. Death is said

to have occurred on the date stated above, at 7:15 p.m.

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

Clot on the brain
Causing paralysis
of the left side
820

Other contributory causes of importance

Name of coroner None Date of

What test confirmed diagnosis? Chief Was there an autopsy? No

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? No

If so, specify _____

(Signed) H.R. Popejoy, M. D.

(Address) California Mo.

