

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.

REC'D JUL 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Candlen Registration District No. 118
 Township Adair
 City Climax Springs (No. 1) Primary Registration District No. 5769

File No. 21491
 Registered No. 6
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Cross Timbers R.P. St. _____ Ward 520

(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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 3 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo

MOTHER FATHER 13. NAME Anderson Stephens

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

MOTHER 15. MAIDEN NAME Evelyn Tilley

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

17. INFORMANT Jess Thomas (ADDRESS) Cross Timbers, R.P. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayden Cem DATE June 16, 1938

19. UNDERTAKER John Fennell acting (ADDRESS) Climax Springs Mo

20. FILED June 16, 1938 W. S. Windsor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY That I attended deceased from June 10, 1938, to June 15, 1938
 I last saw her alive on June 10, 1938. Death is said to have occurred on the date stated above, at 6:20 p.m.

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

Cerebral Hemorrhage (Hemiplegia) Date of onset 6-10-1938

Other contributory causes of importance: 8761

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? June 10-1938 (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 Hemorrhage brain

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) W. S. Windsor, M. D.
 (Address) Climax Springs Mo

