

N. B.—Every item of information should be carefully supplied. AGE EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Platte
City Smithville (No.)

Registration District No. 203
Primary Registration District No. 5-281

File No. 12271
Registered No. 5 St. Ward)

2. FULL NAME

Zadock Dwight Thomas

(a) Residence, No. St. Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Samuel B. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20, 1860</u>		
7. AGE <u>73</u>	YEARS <u>5</u>	MONTHS <u>2</u>
DAYS <u>2</u>		If LESS than 1 day, hrs. or min.

OCCUPATION	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. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Paynette, Wis.
(STATE OR COUNTRY)

13. NAME Samuel B. Thomas

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

15. MAIDEN NAME Amey B. Hodges

16. BIRTHPLACE (CITY OR TOWN) R. I.
(STATE OR COUNTRY)

17. INFORMANT V. L. Walker
(ADDRESS) Smithville

18. BURIAL, CREMATION, OR REMOVAL
PLACE California, Mo. DATE Apr 24, 1934

19. UNDERTAKER L. A. McComas
(ADDRESS) Smithville, Mo.

20. FILED 4-23-, 1934 E. C. Hill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28, 1934

22. I HEREBY CERTIFY, That I attended deceased from

4/23, 1934, to 4/27, 1934

I last saw him alive on 4-22-34 1934 Death is said

to have occurred on the date stated above, at 8 p. m.

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

apoplexy
Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) E. C. Hill M. D.

(Address) Smithville Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay
Township Platte
City St. Louis (No. 1 St. 1 Ward)

Registration District No. 203
Primary Registration District No. 5281

File No. 1
Registered No. 1

2. FULL NAME

(a) Residence No. 1 St. 1 Ward. 1
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS 73 MONTHS DAYS If LESS than 1 day, hrs. or min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 4-23 1934 E. C. Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1934

22. I HEREBY CERTIFY, That I attended deceased from

to, 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:

Date of onset

Apoplexy
Arteriosclerosis
Coronary

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) E. C. Hill M. D.

(Address) Smithville, Mo.

5-122 71