

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

Do not use this space.

37178

PLACE OF DEATH

County St. Francois
Township
City Farmington (No. _____)

Registration District No. 773
Primary Registration District No. 4464

File No. _____
Registered No. 147
St. _____ Ward _____

2. FULL NAME

Harry R Thomas
(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Selma Meyer Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 9 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Highway Patrolman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

14. INFORMANT

(Address) George W. Shinn, 20 New Farmington, Mo

15. FILED

11/12 1930 T. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from OCT 13 1930 to Nov 10 1930 that I last saw him alive on Nov 10 1930, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever,
Due from Newsbury of
brand - 1
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Drinking in farm water being high purity
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) R. Appberrus, M. D.

Nov 10, 1930 (Address) Farmington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Lutherian Tglon

DATE OF BURIAL

11/13 1930

20. UNDERTAKER

Needles Hud Co

ADDRESS

Farmington

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 important.

STATE DEPARTMENT OF HEALTH—THIS IS A PERMANENT RECORD

