

1 PLACE OF DEATH

COUNTY FranklinMILITIA DISTRICT Stamps

TOWN

OR

(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

2 FULL NAME P. W. ThomasRESIDENCE, CITY Cannville ST. Mo.

3 Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S. if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Widowed

6a IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7 DATE OF BIRTH, (MO., DY., YR.)

7 AGE 50 yrs. 7 mos. 15 dys. State if breast fed Yes. No. IF LESS than 1 day hrs. mins.

8 OCCUPATION

(a) TRADE, PROFESSION OR PARTICULAR KIND OF WORK
(b) GENERAL NATURE OF INDUSTRY, BUSINESS OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER)9 BIRTHPLACE (STATE OR COUNTRY) Franklin Co. Mo.10 NAME OF FATHER Willis Thomas11 BIRTHPLACE OF FATHER (STATE OR COUNTRY) Franklin Co. Mo.12 MAIDEN NAME OF MOTHER Esthine Stone13 BIRTHPLACE OF MOTHER (STATE OR COUNTRY) Franklin Co. Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(INFORMANT) P. W. Thomas(ADDRESS) Cannville Mo.

15

FILED

192

LOCAL REGISTRAR

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATHFILE NO.
FOR STATE REGISTRAR

BOYS

11

MEDICAL PARTICULARS

17 I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM

192 to 192

THAT I LAST SAW HIM ALIVE ON

AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE

AT 8:30 P. M. THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Bright's

(DURATION) YRS. 1 MOS. 8 DYS.

CONTRIBUTORY (SECONDARY)

(DURATION) YRS. MOS. DYS.

WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAG.

NOSIS? Dr. M. Parker(SIGNED) Cannville Mo. M. D.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

New Bedford 8/8 192

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B. D. Stone Cannville Mo.

UNDERTAKER

ADDRESS

Medical Particulars must be signed by Physician, Coroner or Registrar.

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