

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.

NOV 21 1930

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

Do not use this space.

32316

1. PLACE OF DEATH

County Carroll  
Township Sherrillton  
City Carrollton (No.       )

Registration District No. 135  
Primary Registration District No. 5182

File No.         
Registered No. 93  
St.        Ward       

2. FULL NAME

Thomas Rea

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-21-1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 2 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School-boy  
(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) Carrollton

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Carroll Co. Mo

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Carroll Co. Mo

14.

INFORMANT

(Address) J. W. Rea  
Carrollton Mo.

15.

FILED 10/30

1930

Mrs E. E. Farnham  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-30-30 19 30

17. I HEREBY CERTIFY, That I attended deceased from 10-27-30 19 30, to 10-30 19 30  
that I last saw him alive on 10-30 19 30, and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Brights disease  
Chr. End Cardis Valvular Disease  
92 H  
130 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration)        yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH       

DID AN OPERATION PRECEDE DEATH? No DATE OF       

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. B. Scoville M. D.

10-30, 1930 (Address) Carrollton, 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

DATE OF BURIAL

Oak Hill

11-1 19 30

20. UNDERTAKER

ADDRESS

Standley Carrollton Mo.

