

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

Do not use this space.

1345

1. PLACE OF DEATH

County Jackson Registration District No. 309 File No. 309
 Township Haw Primary Registration District No. 2032 Registered No. 309
 City Kansas City (No. 2532 Bellefontaine St. _____ Ward _____)

2. FULL NAME

Henrietta Thomas
 (a) Residence. No. 2532 Bellefontaine St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 27, 1866</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Clay Co. Mo.
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Saml. H. Bryan</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	12. MAIDEN NAME OF MOTHER <u>Nancy Shriver</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>

14. INFORMANT James E. Thomas
 (Address) 2532 Bellefontaine

15. FILED Jan 27 1927 M. M. Crowe
 Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1927
 17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1927, to Jan 25 1927,
 that I last saw her alive on Jan 20 1927, and that death occurred, on the date stated above, at 11:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
Ar. valvular dis.
90
 (duration) _____ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

8
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) W. E. Trippe M. D.
 (Address) 410a 1/26

*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 Richmond, Mo DATE OF BURIAL Jan 28 1927

20. UNDERTAKER A. H. Newcomer's Sons ADDRESS 15 C. Mo.

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.

410 Argyle Bldg.
Mar 3454
② 1-5