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

Do not use this space.

6623

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1849

Township ..... Primary Registration District No. 1003 Registered No. .....

City Mo. (No. City Hospital St. ..... Ward)

2. FULL NAME 13913 John Thoss

(a) Residence No. 1515 N 8 St., 25 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 1854

7. AGE: Years 72 Months 5 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 121 P 129
(b) General nature of industry, business, or establishment in which employed (or employer): Day 93 E
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER: Adam Thoss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Marie Kuhn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT: ~~Hospital Information~~ C. Kimball
(Address) City Hospital

15. FILED FEB 23 1927, 19..... Max C. Starkoff, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1927, to Feb 10, 1927 that I last saw him alive on Feb 10, 1927 and that death occurred, on the date stated above, at 8 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. myocarditis
Post operative adhesion
following appendectomy
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Appendicitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 117 B
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. G. Maizo, M. D.
2/10, 1927 (Address) City Hospital

*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: Concordia Cem. DATE OF BURIAL: 2-23 1929

20. UNDERTAKER: Witt Bros L & U Co. 2929 ADDRESS: S. Jefferson

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.

Thanks