

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

Do not use this space.

7418

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Freestone Mo. Primary Registration District No. 3008
City Freestone Mo. St. Mo. Ward

2. FULL NAME

Harry Thomas
(a) Residence No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. moa. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) None

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 0 0 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ice business
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) None
(STATE OR COUNTRY)

10. NAME OF FATHER None

11. BIRTHPLACE OF FATHER (CITY OR TOWN) None
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER None

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) None
(STATE OR COUNTRY)

14. INFORMANT Health Record
(Address) Freestone Mo

15. FILED 3/4 1927 R. V. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 27, 1927 to March 11 27, 1927, that I last saw him alive on March 11 27, and that death occurred, on the date stated above, at 12 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic Coma
Nephritis
129 B
1927

CONTRIBUTORY Uremic depression
(SECONDARY)
Since 1904 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Do not know
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. B. Biggs, M. D.
Address Freestone 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 Columbia DATE OF BURIAL AK 1927

20. UNDERTAKER Herndon Taylor ADDRESS 3/4 27

APR 22 1927

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.

