MAY 27 1927

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

Do not use this space.
11406

File No.
Registered No. 232

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 805 S. Main St. Ward)

2. FULL NAME Lish W. Thomas
(a) Residence. No. 805 S. Main St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1887

7. AGE: Years 39 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Calif
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Chas. Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Ida Moser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Susie Thomas
(Address) Springfield Mo

15. FILED 4/11 1927 [illegible] Mo
4/11 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/3 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1927, to Apr. 3, 1927, that I last saw him alive on 4/2, 19..., and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
(recurrent) (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? In army,
DID AN OPERATION PRECEDE DEATH? Yes DATE OF? Done in
WAS THERE AN AUTOPSY? No K. C. Veterans
WHAT TEST CONFIRMED DIAGNOSIS? Biopsy Hospital
(Signed) J. B. Pennington, M. D
4/5, 1927 (Address)

*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: Ash Grove Mo — DATE OF BURIAL: 4/6 1927
20. UNDERTAKER: Alma Schmeyer — ADDRESS: Fun. Home

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.