

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

Do not use this space.

26159

1. PLACE OF DEATH

County.....  
Towaship.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 17815  
St..... Ward)

2. FULL NAME

(a) Residence. No. 1913 a Division St., 21 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male Col Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
22 4 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer) Service  
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Tom Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Georgia  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER DuWilliams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Georgia  
(STATE OR COUNTRY)

14. INFORMANT Ester Thomas  
(Address) 1913 Division St.

15. FILED SEP - 1, 1927 Myrtle Starck off Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/23, 1927, to 8/23, 1927, and that I last saw him alive on 8/23, 1927, and that death occurred, on the date stated above, at 11:27 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary T. B.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? no  
cause of Vitreous Membrane  
WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) E. J. Hays, M. D.

, 19 (Address) 2140 Poplar Hwy.

\*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Tucker Ark. 9/1 1927

20. UNDERTAKER R. M. Chean 3517 Hubbard Ave.

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.

PERMANENT RECORD

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