FEB 20 1928

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

Do not use this space. 252

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St Joseph (No. 7 Mo. Mid Hosp St. Ward)

File No.: — Registered No.: 81

2. FULL NAME Harry F. Thomas

(a) Residence. No. 1 St., Ward. Cameron Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Addie Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19th 1875

7. AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	52	5	29	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: O H Thomas

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

12. MAIDEN NAME OF MOTHER: Sarah Ann

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

14. INFORMANT: Dr Atkins
(Address): Cameron Mo

15. FILED JAN 19 1928 — John G. Wh, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/18 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-16, 1928, to 1-18, 1928, that I last saw h. alive on 1-18, 1928, and that death occurred, on the date stated above, at 9.00 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Cholecystitis with Complete Obstruction of Cystic duct
Chronic Pancreatitis
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) Cholemia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Cameron, Mo.
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 1-17-1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Carl Porter, M. D
Jan. 19, 1928 (Address) 731 Faraon St. Joseph, 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: Cameron Mo — DATE OF BURIAL: 1/21 1928

20. UNDERTAKER: J L Stringley — ADDRESS: 216 So 10th St

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.