

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 9084
 Township North Primary Registration District No. 100 Registrar No. 100
 City Madison City (No. Old City Hospital Ward)

2. FULL NAME Stephela Thomas
 (a) Residence No. 6511 Starfield Ward 1
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 11-1901

7. AGE: YEARS 16 MONTHS 10 DAYS 2 If LESS than 1 day, hrs. 2 min. 45

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Walter Thomas

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Patient Record
 (Address) Old City Hosp

15. FILED 3/19 28 M.M. Crave
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2-1928

17. I HEREBY CERTIFY That I attended deceased from 1-12-1928 to 3-2-1928 that I last saw her alive on 3-2-28, 1928, and that death occurred, on the date stated above, at 2:55-P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Traumatic Phlebotomy
2-28-28 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) J. M. Smith, M. D.

3/3, 1928 (Address) Old 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 Blue Ridge Lawn Cem DATE OF BURIAL 3/20 1928

20. UNDERTAKER Wm. Appleton Jones ADDRESS 1600 E 19

K. 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.

THIS IS A PERMANENT RECORD

