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

Do not use this space.

21894

File No. 6015

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 2422 N. 11th St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Helen Thomas

(a) Residence. No. 2422 N. 11th St., 26 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: Femal

4. COLOR OR RACE: Cal

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): 3 - 15 - 23

7. AGE: Years 5 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Simon Thomas

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

12. MAIDEN NAME OF MOTHER: Mary Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo

14. INFORMANT: Simon Thomas
(Address) 2422 N. 11 St

15. FILED JUN - 5 1928 Mary C. Starbert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6 - 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1928, to 6-2-1928, that I last saw h. alive on June 1 1928, and that death occurred, on the date stated above, at 7 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis pulmonalis Florida
Miliary
Contr (duration) 3 yrs. mos. ds.

CONTRIBUTOR (SECONDARY) Pneumonia
Don't Know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical Exam

(Signed) J. H. Greene M. D

July 19 (Address) 2038 Miss

*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: Washington Park

DATE OF BURIAL: 6 - 5 1928

20. UNDERTAKER: Peoples Undt Co

ADDRESS: 3100 Franklin

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD