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

Do not use this space.

21939

File No. 6086
Registered No.

1. PLACE OF DEATH

County St Louis
Township
City St Louis Mo (No. 5816 Victoria Ave St. Ward)
Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Leona Thomas

(a) Residence. No. 5810 Victoria Ave St., 4 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19-1867

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
61	0	16	

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

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

PARENTS

10. NAME OF FATHER John York
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Penn.

14. INFORMANT Lee Thomas
(Address) 5810 Victoria Ave.

15. FILED ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1928

17. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h. alive on ____, 19__, and that death occurred, on the date stated above, at 9:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

a Chronic Myocarditis
9 Sc.
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hosp
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm Dyer M. D.
6/6, 1928 (Address) Dep Coroner

*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: Dixon Mo. — DATE OF BURIAL: 6/6 1928

20. UNDERTAKER: Wm Combmates Imp Co 4234 — ADDRESS: Manchester

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.