NOV 21 1928

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

Do not use this space.

32739

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 195
Township Columbia — Primary Registration District No. 3006 — Registered No.
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Henry Albert Thomas
(4057 Ash Rev.)
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) 1-4-1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
10	9	22	

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

9. BIRTHPLACE (CITY OR TOWN) Des Moines
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER John Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Julia Rolley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia Mo
(STATE OR COUNTRY) Missouri

14. INFORMANT John Thomas
(Address) Kansas City Mo

15. FILED 10-27, 1928 Beatrice Grubbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 1928, to Oct 26 1928 that I last saw him alive on Oct - 26 - 1928 and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Vascular Spasm

81B (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 80

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. W. Carver, M.D.
, 19 (Address) Columbia 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: Columbia Missouri
DATE OF BURIAL: 10-28 1928

20. UNDERTAKER: Stuart P. Parker
ADDRESS: Columbia Mo.

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.