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

Do not use this space.

36361

DEC 18 1929

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 1278

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Thomas A. Dean

(a) Residence. No. 1208 Prospect Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. 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	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary M. Dean

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 16, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	3	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bridge Bldg. Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: State Highway Dept.

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: James Dean
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Harrkett Boddley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ind.

14. INFORMANT: Don A. Dean
(Address): St. Joseph, Mo.

15. FILED Nov 5 1929, 19 — John G. Ott, REGISTRAR

6 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1929, to Nov. 3, 1929 that I last saw him alive on Nov. 3, 1929 and that death occurred, on the date stated above, at 6.45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Calculi — renal
Cystitis — chronic
Pyelo-nephritis — chr.
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY): Myocarditis — chr. — Uremia & anuria
(duration) 13 yrs. 8 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED: 93 S.
IF NOT AT PLACE OF DEATH: at his home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF: Nov. 2, 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. ex. Lab. & Operation
(Signed): G. T. Bloomer, M.D.
11/4, 1929 (Address): 1218 N. 3rd St.

*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: Westboro, Missouri — DATE OF BURIAL: Nov. 5. 1929

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.

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 INDELIBLE INK—THIS IS A PERMANENT RECORD