

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

Do not use this space.

40909  
5315

**1. PLACE OF DEATH**

County Jackson  
Township Lau  
City Kansas City (No. General Hospital)

Registration District No. 399

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Denzel Thomas  
(a) Residence, No. 3021 E. 18th St. Ward 11

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 1 25

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER M. Denzel

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

12. MAIDEN NAME OF MOTHER Mary York

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

14. INFORMANT Records Clerk  
(Address) K. C. Genl Hosp

15. FILED 12/26, 29 M. M. Corbrey  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-23 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-14, 1929, to 12-23, 1929 that I last saw h. in alive on 12-23, 1929, and that death occurred, on the date stated above, at 3:15 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral hemorrhage  
82A  
107A  
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bron. pneumonia; arterio-sclerosis (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?**

(Signed) Ep Williams M. D.  
12/24/29 (Address) K. C. Genl Hosp

\*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 DATE OF BURIAL

Wash Washington Dec 26 1929  
20. UNDERTAKER Mrs E. L. Forster  
ADDRESS 918 Brooklyn

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

226  
2  
10

