MAR 25 1930

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

Do not use this space.

85

4172

File No. 242

Registered No.

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township:

Primary Registration District No. 1001.

City: St Joseph (No. 1813 Angelique St. Ward)

2. FULL NAME: Mona Thomas

(a) Residence. No. 1813 Angelique St. 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: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Thomas Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 17 1854

7. AGE: Years 76 Months 0 Days 6 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mrs Ethel Wilson
(Address) 1813 Angelique St

15. FILED FEB 25 1930, 19 John G. Ott Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from 22 Jan 30 to 23 Feb 30 that I last saw h. alive on 23 Feb 30 and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

22 Jan Chronic Cardiitis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage, apoplexy (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Elf Geiger, M. D.

Feb. 24 1930 (Address) 908 Felix

*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: Ashland

DATE OF BURIAL: Feb 27 1930

20. UNDERTAKER: Ramsey Funeral Service

ADDRESS: 9th + Olive.

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.