

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 333  
Township Ryan Precinct Registration District No. 10  
City Hanger City (No. 1011) St. Ward

File No. 5039  
Registered No. 1341  
St. Ward

**2. FULL NAME**

Minnie Thomas  
(a) Residence No. 1011 Charlotte St. Ward

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE YEARS About 80 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Domestic  
(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) Worthington Tenn

10. NAME OF FATHER Edw Thomas

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

12. MAIDEN NAME OF MOTHER Emma Thomas

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

14. INFORMANT (Address) 909 Riverside

15. FILED 7/4 1930 M. M. Lowe REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 1930

17. I HEREBY CERTIFY, That I attended deceased from 2 12 1930 to 2-13 1930 that I last saw h. 2-13-30 alive on 2-13-30 and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Infective Cerebral Spinal Meningitis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Jaundice  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED Unknown  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chronic Tab.  
(Signed) [Signature] M. D.  
7/4 1930 (Address) General Hosp. #2

\*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 Blue Ridge Lane DATE OF BURIAL Feb 14 1930

20. UNDERTAKER J. W. Ficklin ADDRESS 1209 Ave

CAUSE OF DEATH IN THIS CASE, SO THAT IT MAY BE RECORDED IN THE DEATH REGISTER

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