MAY 23 1930

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

Do not use this space.

File No. 15659

Registered No. 122

1. PLACE OF DEATH

County Cole

Township

City Jefferson City, (No. , St. Ward)

Registration District No. 213

Primary Registration District No. 2014

2. FULL NAME Jim Thomas

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Black	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30th, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	47	9	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Convict
(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) Arkansas

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT Mo Penitentiary
(Address)

15. FILED 5/12/19 30 S. O. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st, 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-1, 1929, to 5-1, 1930, that I last saw ~~him~~ alive on 5-1, 1930 and that death occurred, on the date stated above, at 4:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of the Insane
63
(duration) yrs. 8 mos. 0 ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. W. Gillham M. D.
5/3, 1930. (Address) Jefferson City 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	DATE OF BURIAL
Kirkwood Mo	5/3 1930
20. UNDERTAKER	**ADDRESS**
Ullmore-Gordon	JC Mo

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.