

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

Do not use this space.

19664

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 10-3
 City Kansas City (No. Kansas City Gen Hosp) (Ward)

File No. _____
 Registered No. 2005

2. FULL NAME

Henry Thomas
 (a) Residence. No. Ben Davis Ave. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
71 8 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
 (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) Mo.

10. NAME OF FATHER Wm Thomas

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Rena Clark
 (Address) Kansas City Gen Hosp

15. FILED 9/27 19 30 M.M. Grove REGISTRAR
Wor

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-22 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-18, 1930, to 6-22, 1930 that I last saw him alive on 6-22, 1930 and that death occurred, on the date stated above, at 2:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
8 PM

CONTRIBUTORY (SECONDARY) 7401 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P.E. Williams M. D.

6-23, 1930 (Address) Sub 700 C. Gen. 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 Maple Hill DATE OF BURIAL 6/28/30

20. UNDERTAKER O.H. Mant ADDRESS 1915 E. 15

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.

1870