

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

Do not use this space.

33197

4436

1. PLACE OF DEATH

County Jackson
Township 1st
City W. M. G.

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 1915 Highland St. 4 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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1881

7. AGE - YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 7 -

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer K. C. & R. R. Co.

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Hannah J. Thomas 1915 Highland

15. FILED 11-1-30 19 W. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/12/30, 1930, to 10/28, 1930 that I last saw him alive on 10/27 6:15, 1930 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Pulmonary Tuberculosis
23A
110 B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hydrothorax
(duration) yrs. mos. ds. 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pathology Report.
(Signed) J. Edible M. D.

10/28 1930 (Address) 1518 E - 18th St.

*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
Blue Ridge Lawn Cem. Nov. 1st 1930

20. UNDERTAKER ADDRESS
West. Appaltary 1600 E. 19

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.

