

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

Do not use this space.

2052

File No. \_\_\_\_\_  
Registered No. 39  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Macou Registration District No. 534  
Township Lingen Primary Registration District No. 5717  
City Warren, Nelson St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Albert L. Thomas  
(a) Residence, No. Warren, Nelson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 3 17

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(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) Macou, Mo

10. NAME OF FATHER Oliver Thomas

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

12. MAIDEN NAME OF MOTHER Lattie Hays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Chariton, Mo

14. INFORMANT Paul Thomas (Address) New Cambria, Mo

15. FILED Jan 7-1931 E. J. Sunday REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6th 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930 to Jan 5, 1931 that I last saw him alive on Jan 5, 1931, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Lobar Pneumonia  
108  
CONTRIBUTORY (SECONDARY) 108  
(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) Q. J. West, M. D.  
Jan 7, 1931 (Address) New Cambria, 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 New Cambria, Mo DATE OF BURIAL Jan 7 1931

20. UNDERTAKER George Parry ADDRESS Callan

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 very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

61  
JAN 20 1931

