

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

Do not use this space.

**3331**

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003B  
(No. 2907, Ramble)

File No.....  
Registered No. 555  
St. .... Ward)

**2. FULL NAME**

James Thomas  
(a) Residence. No. 2907 Ramble St., 21 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**

3. SEX

male

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

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

July 31, 1896

7. AGE

YEARS 34

MONTHS 5

DAYS 22

If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer 23'

(b) General nature of industry, business, or establishment in which employed (or employer)

odd jobs

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Pulaski Tenn

(STATE OR COUNTRY)

10. NAME OF FATHER

Tol Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tenn

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Sarah Opelton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Tenn

(STATE OR COUNTRY)

14. INFORMANT

Samuel L. Thomas  
(Address) 2907 Ramble

15. FILED

14 1931

May C. Stanley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9-1931

17. I HEREBY CERTIFY, That I attended deceased from 11-3-1930 until 1-9-1931 that I last saw him alive on 1-9-1931, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
of old

(duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (SECONDARY)

(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) J. F. Winsten, M. D.

.19 (Address) 2746 Wash 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

Pulaski Tenn

DATE OF BURIAL

1/14/1931

20. UNDERTAKER

American Funeral Home

ADDRESS

3444 Pine St.

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.

