

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

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.

MAR 27 1931

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

Do not use this space.

6852

1. PLACE OF DEATH
 96 County SAINT LOUIS Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Prospect Hill (No. 828 GLENDALE AVENUE) St. _____ Ward _____

2. FULL NAME OPHELIA THOMAS
 (a) Residence. No. 828 GLENDALE 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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE COL 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) Nov. 28 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 - 0 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) 244
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) UNION
 (STATE OR COUNTRY) MISSOURI

10. NAME OF FATHER WILLIAM THOMAS

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

12. MAIDEN NAME OF MOTHER STELLA TILLISON

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

14. INFORMANT W.M. THOMAS
 (Address) 828 GLENDALE AVENUE

15. FILED 3/27 1931 Dr. Carl Moon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cor. myocarditis
430
1227 (duration) yrs. mos. ds.
 CONTRIBUTORY Hemorrhagic Nephritis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. Spain family own

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) John S. Cousser M. D.
2/17 1931 (Address) 1000 St Louis party

*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 Washington Park DATE OF BURIAL 2/22 1931

20. UNDERTAKER Charles J. Gates ADDRESS 4107 FINNEY

