

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

Do not use this space.

**27223**

**1. PLACE OF DEATH**

County Saline  
Township Cambridge  
City Slater (No. ....)

Registration District No. 799  
Primary Registration District No. 4479

File No. ....  
Registered No. 43  
St. .... Ward

**2. FULL NAME**

Junious F. Thomas

(a) Residence, No. .... 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Junia Thomas  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-30-1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

13. NAME Elija Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

15. MAIDEN NAME Mary Groves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

17. INFORMANT Rufus Thomas (ADDRESS) Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Cem. DATE July 19, 1931

19. UNDERTAKER Hill Brothers (ADDRESS) Slater - Mo.

20. FILED July 7, 1931 W. M. Tuttle Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 14th, 1931

I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to July 18, 1931. I last saw him alive on July 18, 1931. Death is said to have occurred on the date stated above, at 4:30 pm. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7-14-31  
82A  
97 82A  
Other contributory causes of importance: Chronic Arteriosclerosis

Name of operation none Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 ..... Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) W. Bloom, M. D.  
(Address) Fayette Mo.

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.

AUG 29 1931

