

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

Do not use this space.

28463

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 390  
Primary Registration District No. 800  
(No. St. Marys Hospital)

File No. \_\_\_\_\_  
Registered No. 3591  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ford James Thomas

(a) Residence, No. 2230 So. Ferree St. K.C.K. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Hilda (Koppitz) Thomas (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th-1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>35</u>	<u>3</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

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) Kirksville (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Nelson Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Fanny Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Hilda Thomas (ADDRESS) 2230 So. Ferree, K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Cemetery DATE Aug. 26-1931

19. UNDERTAKER Gates Funeral Home (ADDRESS) K.C., Kans.

20. FILED 8-25- 19 3/21/31 W. M. Cronin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25-1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Aug 25, 1931. I last saw him alive on Aug 24, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

acute meningococcal meningitis  
18  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

Name of operation lumbar puncture Date of \_\_\_\_\_  
What test confirmed diagnosis? physical path Was there an autopsy? yes

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) Walter, M. D.  
(Address) 1411 S.W. Blvd

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.

SEP 8 1947