

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Witchell
City Grant City (No. _____)

Registration District No. 903
Primary Registration District No. ASAS-

File No. 30400
Registered No. 19
St. _____ Ward _____

2. FULL NAME

William K. Thomas

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

Married

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

Jessie Thomas

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

July 30, 1866

7. AGE

65 YEARS

MONTHS

0

DAYS

9

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

8. OCCUPATION OF DECEASED

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

Taxi Driver

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

Self

(c) Name of employer

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

Grant City Mo.

PARENTS

10. NAME OF FATHER

Joseph Thomas

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

Unknown

12. MAIDEN NAME OF MOTHER

Jane Hetchell

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

Unknown

14. INFORMANT

(Address)

W. L. Thomas
Grant City

15. FILED

8/9/31

John Andrews
REGISTRAR

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

Aug 9 1931

17.

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to Aug 9, 1931, that I last saw him alive on Aug 18, 1931, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial degeneration
7-11

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ✓

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. J. Mass, M. D.

8/9, 1931 (Address) Grant City 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

DATE OF BURIAL

Witchell Cemetery 8/11 1931

20. UNDERTAKER

ADDRESS

Arch C. Dumble Grant City

SEP 28 1931

CAUTION: DEATH IN plain terms, so that it may be properly understood. State statement of DEATH is very important.

