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.

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

Do not use this space.

31524

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2537 Michigan St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 4023

2. FULL NAME George Thomas
(a) Residence. No. 2537 Michigan 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.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
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) April 2, 1858

7. AGE: Years 73, Months 5, Days 26. If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Bettie Thomas
(Address) 2537 Michigan

15. FILED 10/1, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/28, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to Sept 28, 1931 that I last saw him alive on Sept 27, 1931, and that death occurred, on the date stated above, at 2:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia, cerebral edema
131 B
132 B
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Cardio-renal vascular complex
(duration) 3 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) H. A. Breyfogle, M. D.
9-30, 1931 (Address) Medical Arts Bldg

*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: Highland
DATE OF BURIAL: Oct 1 1931

20. UNDERTAKER: Watkins Bros
ADDRESS: 1729 Lydia

Breyfogle. Medical Arts Bldg.