

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

Do not use this space.

1245  
203

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 6008  
City Kansas City (No. St. Luke's Hospital)

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

**2. FULL NAME** Jeannette Thomas

(a) Residence, No. 5921 Cherry St. 8 Ward \_\_\_\_\_

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred G. Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1898</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>10</u>	DAYS <u>nach</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		If LESS than day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> <u>2</u>		
13. NAME <u>Wm. Harvey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Kilpatrick</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>Fred G. Thomas</u> (ADDRESS) <u>5921 Cherry</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Evaston, Ill. via Fort Madison, Iowa</u> DATE <u>Jan 23, 1932</u>		
19. UNDERTAKER <u>Stuart M. Collins</u> (ADDRESS) <u>3235 William Plaza</u>		
20. FILED <u>1/23, 1932</u> <u>M. M. Crane</u> Registrar.		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 to Jan 22  
I last saw him alive on Jan 22 1932 Death is said to have occurred on the date stated above, at P. 7:05  
The principal cause of death and related causes of importance were as follows:  
Cerebral embolism Date of onset 1-15-32  
92A  
93C  
82B  
Other contributory causes of importance:  
myeloid meningitis  
Chronic suppurative otitis media  
Chronic sinusitis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy 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) James Bell M. D.  
(Address) 1132 Jefferson Bldg  
Keosauqua

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.

Handwritten text at the top left corner, possibly a date or page number, including the number "100".