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.

22737

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2612
City Kansas City (No. 4527, Genesee St. Ward)

2. FULL NAME George A. Thomas
(a) Residence, No. 4527 Genesee St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

4

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 (OR) WIFE OF: Mrs. Ollie Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 25-1850

7. AGE: YEARS 81 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 6 years
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): No record Kentucky

FATHER
13. NAME: James Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Kentucky

MOTHER
15. MAIDEN NAME: Julia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Kentucky

17. INFORMANT (ADDRESS): Mrs. Ollie Thomas 4527 Genesee St., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall - Mo. DATE July 6- 1932.

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City - Kansas.

20. FILED 7/5 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3rd - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3 1932, to July 3 1932
I last saw him alive on July 3, 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
94A Cerebral Hemorrhage	July 3/32
82A	
97 94A (1)	

Other contributory causes of importance:
Hypertension
arteriosclerosis
Angina Pectoris 1927

Name of operation: None Date of
What test confirmed diagnosis? Exam Was there an autopsy? no

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) Eugene H Ferguson, M. D.
(Address) 1810 W 45th St

Dr. E. H. Ferguson, VI 1020
Professional Bldg.,