

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

Do not use this space.

28775

1. PLACE OF DEATH

24 County Clay Registration District No. 198
 2 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs, Mo. No. Veterans Hospital St. 3rd Ward

2. FULL NAME

THOMAS, Merle H. St. Louis, Mo.

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 5612 Landsdown
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 7 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 (OR) WIFE OF Anne Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 5 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. iron worker 53

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) Minnesota (STATE OR COUNTRY) 2

FATHER 13. NAME Richard H. Thomas

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

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) 31

17. INFORMANT Hospital Records, Veterans Hospital (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 9-12-32

19. UNDERTAKER John C. Butler (ADDRESS) Excelsior Springs, Mo.

20. FILED 9/12 1932 J. D. Draven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-32 1932

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1932, 1932, to Sept. 12, 1932, 1932

I last saw him alive on Sept. 12, 1932, 1932. Death is said to have occurred on the date stated above, at 3:50am.

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

Chr. pulmonary tuberculosis far advanced active Date of onset

23A 23

Other contributory causes of importance: none

Name of operation NONE Date of

What test confirmed diagnosis? Exam. & obs. 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, 1932

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?

If so, specify unknown

(Signed) Garrett V. Johnson, M. D.

(Address) Excelsior Springs, Mo.

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.

OCT 25 1932

