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

Do not use this space.

29210

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 29210
Township: — Primary Registration District No.: 1002 — Registered No.: 3383
City: K.C. Mo. (No. 511 Indiana St. Ward)

2. FULL NAME: Minnie Jane Thomas
(a) Residence, No. 511 Indiana 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.

Ben 378

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John P. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 31 - 1858

7. AGE: Years 74 — Months 5 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
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): Keokuk Iowa 2

FATHER
13. NAME: J. W. Eastman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no Record 3 10

MOTHER
15. MAIDEN NAME: Esther Ann Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ioway 2

17. INFORMANT (ADDRESS): Hettie Landis 511 Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: 9 - 6 - 1932

19. UNDERTAKER (ADDRESS): Mrs. C. L. Foster 918 Brooklyn

20. FILED: 9 - 6 - 1932 M. M. Devine Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept - 4 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/28, 1932 to 9/4, 1932
I last saw her alive on 9/3, 1932. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8/28/32
108	
108 (1)	

Other contributory causes of importance:
Cardiac Failure.

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) D. R. Russell, M. D.
(Address) 3231 E. 11 St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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3011 a Indep ave. Be - 4263
3231-E-11 7250
Va - 7134