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.

JAN 5 1933

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

Do not use this space.

38188

1. PLACE OF DEATH
114 County Wright — Registration District No. 908
Township Wood — Primary Registration District No. 6223
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 40

2. FULL NAME Carl Wm Thomas

(a) Residence, No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-4-32

7. AGE YEARS — MONTHS 2 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
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) Mo Wood Twn

FATHER
13. NAME Ralph W Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Alice Teters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Ralph W. Thomas
Mtn Fwn Mo Mains 8 Ear Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trend Cemetery DATE 11-3 1932

19. UNDERTAKER (ADDRESS) None

20. FILED 11/10 1939 J M Hubbard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2 1932

22. I HEREBY CERTIFY, That I attended deceased from No medical 19.., to ....., 19..
I last saw h..... alive on attendance 19..... Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

Whooping Cough - 3 wks
supposed followed by Pneumonia

Date of onset

Other contributory causes of importance:

9 109B

Name of operation ..... Date of .....
What test confirmed diagnosis? Informed 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) J M Hubbard, M. D.
(Address) Mtn Fwn Mo