

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.

9158

APR 21 1933
21039

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City Springfield (No. 100)
Court House

Registration District No. 318
Primary Registration District No. 2007

File No. _____
Registered No. 202
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 911 East 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

2 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on March 2, 1933. Death is said to have occurred on the date stated above, at 9:30 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-1873

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 7 18

Date of onset _____

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

Chronic Coronary Sclerosis
948
Other contributory causes of importance: 46 minutes attention last

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

13. NAME Rudley Thomas

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

15. MAIDEN NAME W. F. Studer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT Miss Leva Thomas
(ADDRESS) 911 East

18. BURIAL, CREMATION, OR REMOVAL PLACE Railroad on 3/4, 1933

19. UNDERTAKER Thomas Bohmer
(ADDRESS) Springfield Mo

20. FILED 3-4 1933 Ralph Warren
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Wet Was there an autopsy? W

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? W
If so, specify Chronic Coronary Sclerosis
(Signed) _____ (Address) Springfield Mo

MAY 24 1958