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.

9625

1. PLACE OF DEATH
County Jackson — Registration District No. 888 — File No. 1
Township Kan — Primary Registration District No. 8008 — Registered No. 1227
City K. C. Mo (No. General Hosp #2 St. Ward)

2. FULL NAME Lewis Thomas
(a) Residence, No. 1909 Lydia 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Carrie Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1902
7. AGE Years 30 Months 6 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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) La.

FATHER
13. NAME Lewis Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE 3/14 1933
19. UNDERTAKER (ADDRESS) Watkins Bros Undt Co. 1729 Lydia
20. FILED Mch 17, 1933 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-1933
22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1933 to 3-10-, 1933
I last saw him alive on 3-10-, 1933 Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:
Dementia Paralytical — Date of onset
83
Other contributory causes of importance:
Lues (?)

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical 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) G. C. Shaver Supt, M. D.
(Address) General Hosp. #2