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

Do not use this space.

9801

File No. .....

Registered No. 1405

1. PLACE OF DEATH

County Jackson Registration District No. .....

Township ..... Primary Registration District No. .....

City Kansas City (No. 3241 Montgall St. .....Ward)

2. FULL NAME Andrew E. Thomas

(a) Residence, No. 3241 Montgall St., ...Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Maude E. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1-1846.

7. AGE: Years 86 | Months 10 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

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

10. Date deceased last worked at this occupation (month and year) May 1920.

11. Total time (years) spent in this occupation 15.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

FATHER

13. NAME Joseph W. Thomas.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Not Known

MOTHER

15. MAIDEN NAME May Hoppel.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Maude E. Thomas
(ADDRESS) 3241 Montgalle

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cincinnati Ohio DATE 3-27- 1933

19. UNDERTAKER Gibson
(ADDRESS) E. 9th

20. FILED 3-28, 1933 M. M. Orguel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1-, 1933, to Mar. 24-, 1933

I last saw him alive on Mar. 24-, 1933. Death is said to have occurred on the date stated above, at 1 a. m.

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

	Date of onset
Arteria - Sclerosis	
Aortic Stenosis	2 years
[illegible]	
[illegible]	

Other contributory causes of importance:

Cerebral Thrombosis Mar. 1-33

Name of operation none Date of —

What test confirmed diagnosis? Physical Signs 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) Emma D. Schindler M. D.

(Address) 421 Dekker Bldg. Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ROLE should be stated EXACTLY. PHYSICIANS should state