

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

Do not use this space.

14194

892  
9

MAY 22 1933

**1. PLACE OF DEATH**

County Platte  
 Township Pitts  
 City (No. ....) .....

Registration District No. 695  
 Primary Registration District No. 3922

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

Melba Thomas  
 (a) Residence No. northmoor St. no 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. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
65 5 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Gran Brightwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Marta Hoy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Leo Roy Thomas  
 (Address) Parkville Mo RR# 3

15. FILED 4/23/33 J. Helms REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 22 1933

17. I HEREBY CERTIFY, That I attended deceased from 4/15 1933, to 4/22 1933 that I last saw him alive on Apr 20 1933, and that death occurred, on the date stated above, at 3 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia - & Heart failure  
10 days / 0 0 B  
7 1/2 (duration) yrs. 6 mos. ds.  
 CONTRIBUTORY Bronchitis  
 (SECONDARY) (duration) 1 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. H. Woodward, M. D.  
 . 19 (Address) Parkville

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Brightwell Cemetery April 23 1933

20. UNDERTAKER ADDRESS  
Arad Roland Parkville Mo

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 - THIS IS A PERMANENT RECORD

