

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.

1. PLACE OF DEATH

County
Township
City *St. Louis* (No. *1322*)

Registration District No. *DI*
Primary Registration District No. *1083*

File No. *24740*
Registered No. *6144*
St. Ward

2. FULL NAME

Amie Jean Thomas
(a) Residence, No. *709 No Jefferson* Ward *7*
(Usual place of abode)

Length of residence in city or town where death occurred *34* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Cal* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 54

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

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) *Clayton Mo*13. NAME *Abe Pitts*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*15. MAIDEN NAME *Marion Fields*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*17. INFORMANT *Will Thomas*
(ADDRESS) *709 N Jefferson Ave*18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *July 16, 1933*19. UNDERTAKER *J. W. Hughes*
(ADDRESS) *2267 Stanton, St. Louis*20. FILED *J. F. Budek*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 12, 1933*

22. I HEREBY CERTIFY that I attended deceased from *July 11, 1933* to *July 12, 1933*
I last saw her alive on *July 11, 1933* Death is said to have occurred on the date stated above, at *2 a.* m.

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

Acute Myocarditis *7.11.33*
Valvular Disease
Fastidious Diet *7.8.33*

Name of operation *no* Date of
What test confirmed diagnosis? 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 *Yes*
(Signed) *Amie J. Stafford*, M. D.
(Address) *925 N. Jeff*

