

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan
5 Township
2 City St. Joseph, MO.

Registration District No. 85
Primary Registration District No. 1001

File No. 32303
Registered No. 1063
Ward

2. FULL NAME Carl Vernon Thomas

(a) Residence, No. _____ St., _____ Ward. Norborne, Missouri.
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 6 27

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

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) Kansas City,
(STATE OR COUNTRY) Missouri

13. NAME George H. Thomas

14. BIRTHPLACE (CITY OR TOWN) Breckinridge,
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Marie E. Carter

16. BIRTHPLACE (CITY OR TOWN) White Hall,
(STATE OR COUNTRY) Illinois

17. INFORMANT George H. Thomas
(ADDRESS) Norborne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Norborne, Mo. DATE Nov. 2, 1933

19. UNDERTAKER Fleeman Mortuary, Inc.,
(ADDRESS) St. Joseph, Mo.

20. FILED 11-1-33 19. John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased on
Oct. 31, 1933, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Included Larynx & thyroid cartilage Date of onset

2020
Other contributory causes of importance:
Damage to vertebrae cartilage in 12th & 13th ribs against cart

Name of operation none Date of _____
What test confirmed diagnosis: Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide against Date of injury 10-30, 1933
Where did injury occur? St. Joseph
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Industry
Manner of injury Whom against cart
Nature of injury Larynx & thyroid

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify vertebrae cartilage
(Signed) Forbes Thomas, Coroner
(Address) 8011, 1st St.

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.

NOV 10 1933

