

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

Do not use this space.

34539

**1. PLACE OF DEATH**

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. City) Stamps

**2. FULL NAME**

(a) Residence, No. 1776 Leysal St., 23 Ward.

(Usual place of abode)

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. (If nonresident, give city or town and State)

File No. ....  
Registered No. 8695 St. .... Ward)

**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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1895

7. AGE YEARS 38 MONTHS 0 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2 days

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) Charleston Mo.

13. NAME Jeff. Thoman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tenn

15. MAIDEN NAME S

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Hopkins M. Keuf

18. BURIAL, CREMATION, OR REMOVAL PLACE Doewood Cem DATE Oct 7 1933

19. UNDERTAKER (ADDRESS) Travis N. Shultz

20. FILED OCT - 10 1933 J. B. Beck Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1933, to 10-5, 1933.

I last saw him alive on 10-5, 1933. Death is said to have occurred on the date stated above, at 8:30 m.

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

Acute myocarditis  
Iron deficiency anemia

38  
107A  
130  
Other contributory causes of importance:  
Malaria

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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 Acute myocarditis

(Signed) W. J. ... M. D.  
(Address) City Stamps

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

33-

70

