

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

Do not use this space.

35268

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 303
 City St. James No. 3903 W. Bell St. Bell Ward 11

File No.
 Registered No. 9937

2. FULL NAME

(a) Residence, No. 3903 W. Bell St. 11 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>Colored</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Josephina Thomas</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15-1887</u>					
7. AGE YEARS <u>46</u>		MONTHS <u>1</u>		DAYS <u>15</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pullman Co</u>					
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) <u>Texas</u>					
13. NAME <u>Harry Thomas</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>					
17. INFORMANT (ADDRESS) <u>Josephine Thomas 3903 W. Bell</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>11-18</u> 19 <u>33</u>					
19. UNDERTAKER (ADDRESS) <u>Emmett Thomas Co 3436 Jayton 131</u>					
20. FILED: <u>Nov 18 1933</u> <u>J. H. Budeck</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-19 1933 to 7-13 1933
 I last saw h. m. alive on July 13 1933 Death is said to have occurred on the date stated above, at 6:00 m.
 The principal cause of death and related causes of importance were as follows:
Aneurysm of aorta
Syphilitic heart disease
 Date of onset 9-5-13

Other contributory causes of importance:
Note: Death certificate signed
in permission of the Coroner.

Name of operation..... 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? No
 If so, specify.....
 (Signed) Carl V. Moore M. D.
 (Address) Barnes Hospital 600 S. K. Kingshighway

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.

1944 5 15

DATE	DESCRIPTION	AMOUNT
1944 5 15
1944 5 16
1944 5 17
1944 5 18
1944 5 19
1944 5 20
1944 5 21
1944 5 22
1944 5 23
1944 5 24
1944 5 25
1944 5 26
1944 5 27
1944 5 28
1944 5 29
1944 5 30
1944 5 31