

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

Do not use this space.

55532

1. PLACE OF DEATH

County Lack Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

File No. 284
Registered No. _____

2. FULL NAME Vincent V. Thomas

(a) Residence, No. Bluffton Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Son of. Otto Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 2 12

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

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) Bluffton Mo.

13. NAME Otto Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bluffton Mo.

15. MAIDEN NAME Artie Fletcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland Mo.

17. INFORMANT Mrs. Artie Thomas

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluffton Mo. DATE Dec. 26 1933

19. UNDERTAKER (ADDRESS) Breacher Funeral Home 429 E Capital and Jeff High

20. FILED 12/30/33 R. C. M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1933, to Dec. 22, 1933

I last saw him alive on Dec. 22, 1933 Death is said to have occurred on the date stated above, at _____ m.

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

First & second degree burns -
181
Other contributory causes of importance: 181

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violent), fill in also the following: Accident, suicide, or homicide? Accident Date of injury _____, 1933

Where did injury occur? Bluffton - Mo - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gasoline explosion
Nature of injury First, second degree burns

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) R. C. M., M. D.
(Address) J. C. M.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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JAN 26 1934

