

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.

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

Do not use this space.

40083

1. PLACE OF DEATH

County Jackson
Township Kaw
City Klg. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. St. Mary's Hospital)

File No. 5 4888
Registered No. 5 4888
St. _____ Ward _____

2. FULL NAME

(n) Residence, No. _____ St. _____ Ward. Wellsville Kans
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 4 26

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. Retired Merchant

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) Radnor, Ohio

13. NAME Thomas Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Elizabeth J. Jones

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

17. INFORMANT (ADDRESS) Mrs. H. C. Wright Wellsville Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Ks DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) Poughlino Wellsville Kansas

20. FILED Dec 13 1933 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-25 1933, to Dec 13 1933

I last saw him alive on Dec 13 1933. Death is said to have occurred on the date stated above, at 3 P. m.

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

Coronary Atherosclerosis
End of blood
410 B
43 -

Other contributory causes of importance: Starvation & Phlebotomy
Myocarditis

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? _____ 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) J. H. White, M. D.
(Address) Kans P.M.O.

JAN 26 1934

