

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

Do not use this space.

57

1. PLACE OF DEATH

County Adruain Registration District No. 26 File No. _____
 Township Sublimed Primary Registration District No. 50343007 Registered No. 9
 City Mexico Md. (No. _____) St. _____ Ward _____

2. FULL NAME Johnnie Green Thomas

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 nd 1907
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Mineola Mo

MOTHER
 13. NAME John Thomas

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

15. MAIDEN NAME Saphronia Green

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

17. INFORMANT John Thomas
 (ADDRESS) Mineola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory Cemetery DATE 1/23 /34

19. UNDERTAKER C. W. Hopkins
 (ADDRESS) Montgomery City Mo

20. FILED Jan 23, 1934 Geo S. Williams
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 22 1934
 22. I HEREBY CERTIFY, That I attended deceased from 1 - 21 - 34, 1934 to 1 - 22, 1934
 I last saw him alive on 1 - 22, 1934 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:

Shock from extensive burn following auto accident
 Other contributory causes of importance:
2/10
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? Highway 4.0
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Auto collided with truck
 Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Frank J. Kelly M. D.
at Mexico, Mo.

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. 1934

