

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH
BUCHANAN

85

County.....

Registration District No.....

Township.....

Primary Registration District No. **1001**

City **ST. JOSEPH** (No. **120 west Elk**)

St. Ward)

File No. **4040**

Registered No. **207**

2. FULL NAME **CHARLEY THOMAS**

(a) Residence, No. **120 W 120 West Elk** St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Give the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 17/1934**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Annie Bell Thomas**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 16** 19**34**, to **Feb 17** 19**34**

I last saw him alive on **Feb 16 - 34** Death is said to have occurred on the date stated above, at **12.45¹⁹ m.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 20th 1879**

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 8 27

Date of onset

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.

*Lobar pneumonia 2/16/34
acute*

Other contributory causes of importance:

chronic bright disease 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Plattsburg Mo.**

13. NAME **Art. Thomas**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Plattsburg Mo.**

15. MAIDEN NAME **Winnie Stewart**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Plattsburg Mo.**

17. INFORMANT **Annie Bell Thomas** (ADDRESS) **120 West Elk St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Mora Cem.** DATE **Feb. 20/1934**

19. UNDERTAKER (ADDRESS) **Ramsey's Mortuary 9th & Olive St. St. Joe. Mo.**

20. FILED **FEB 20 1934** **John R. Bender** Registrar.

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

What test confirmed diagnosis? **clinical** 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?..... (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) **F. J. Woodson** M. D.

(Address) **216 1/2 W. No. Ave.**

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.

