5 1934

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

Do not use this space.

9304

File No.

Registered No. 14

1. PLACE OF DEATH

County Jackson — Registration District No. #404

Township Washington — Primary Registration District No. #5558

City Kansas City (No. ~~96th and Wornall Rd.~~ St. Ward)

2. FULL NAME Charles W. Thomas

(a) Residence, No. 96th Wornall 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

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cora L. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9, 1855

7. AGE: 78 YEARS — MONTHS: 5 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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 Farmer

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): Indiana

FATHER

13. NAME: Elijiah Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Julia Robbins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Herman Schliebs, ~~96th and Wornall Rd.~~

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 3/12/34, 19

19. UNDERTAKER (ADDRESS): R.V. Lindsey and Sons, ~~3811 Broadway~~

20. FILED 3-13-1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to March 9, 1934

I last saw him alive on March 9, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

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

	Date of onset
Mitral Insufficiency	1928
Chronic Myocarditis	1933

Other contributory causes of importance:

93C

Name of operation none 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) [signature], M. D.

(Address) 404½ W 75 - K.C. 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.