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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 9904
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. ..., ... St. ... Ward)

2. FULL NAME Lester Avery Thomas
(a) Residence, No. 608 E 12 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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: Dessie Mae Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 5, 1902
7. AGE: YEARS 31 — MONTHS 4 — DAYS 17 — 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.: Rail Road Shop
10. Date deceased last worked at this occupation (month and year): Mar. 1934
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hughesville Mo.

FATHER
13. NAME: L. Tard Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline County Missouri

MOTHER
15. MAIDEN NAME: Emily Jane Grimes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Grover Thomas Sedalia Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: High Point Cemetery DATE: 3/24 1934
19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia Mo
20. FILED: 3-23 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 22, 1934
22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1934, to 3-22, 1934
I last saw him alive on 3/22, 1934. Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
107A	
Pneumonia - Lobular	3/1 1934
~~Influ~~	

Other contributory causes of importance: 107A

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

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? ...
If so, specify ...
(Signed) D. P. Dyer, M. D.
(Address) Sedalia Mo

DEC 2 1945