

SEP 25 1934

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

Do not use this space.

30699

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton (No. St. Louis Co. 60339)

Registration District No. 790
Primary Registration District No. 60339

File No. _____
Registered No. 289
St. _____ Ward _____

2. FULL NAME Emmett Leonard Thomas

(a) Residence, No. 49 Evelyn Ave St. _____ Ward _____
(Usual place of abode) S. Kinlock (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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/10/34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

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) _____

13. NAME Earl Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferguson MO

15. MAIDEN NAME Pearl Harold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Kinlock MO

17. INFORMANT Hosp records (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 8-25 1934

19. UNDERTAKER Speed Randle (ADDRESS) 920 W. Bernard Ave

20. FILED 8/25 1934 Bob J. Jacobson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/10/34 1934 to 8/23/34 1934. I last saw him alive on 8/23 1934. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Prematurity
159
159
Other contributory causes of importance:
Marasmus (infantile)

Date of onset

Birth

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934
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) B. B. Sharp, M. D.
(Address) St. Louis Co. Hosp.

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.

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10/10/10

10/10/10

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