

DEC 11 1935

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

Do not use this space.

1. PLACE OF DEATH

Country *S. T. Louis*Registration District No. *791**1003*

Township

Primary Registration District No.

City *S. T. Louis*(No. *Barns Hospital*)File No. *34715*Registered No. *9200*

St. _____ Ward)

2. FULL NAME *Jim Harrison Thomas*(a) Residence, No. *Oak Ridge & Bailey, N.P. Ward.*

(Usual place of abode)

Length of residence in city or town where death occurred *21* 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

Colo.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

*married.*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Willie Thomas.*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 20-1891*

7. AGE

YEARS *44*MONTHS *4*DAYS *10*

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

General Hawking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

for self.

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) *Jackson Tenn.*

FATHER

13. NAME *Buck Thomas.*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Tenn.*

MOTHER

15. MAIDEN NAME *Emma Garber.*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Tenn.*17. INFORMANT *Willie Thomas.*(ADDRESS) *Oak Ridge & Bailey, S. Kenlock Park*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Washington Park* DATE *Nov. 3rd 1935*19. UNDERTAKER *C. Young*(ADDRESS) *4400 Kemperly Ave.*20. FILED *NOV - 1 1935*Registrar. *J. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 30 1935*22. I HEREBY CERTIFY, That I attended deceased from *9-30 1935* to *10-30 1935*I last saw him alive on *10-30-1935* Death is saidto have occurred on the date stated above, at *4:30 p.m.*

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

Date of onset

Hypertensive Cardio Vasc. Disease

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *yes*

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) *E. M. Bricker*, M. D.(Address) *Barnes Hospital*

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

