JAN 23 1936

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

Do not use this space.

39746

File No. 4088

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: K.C. Mo (No. General Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: John E Thomas

(a) Residence, No. 810 East 15 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-10-1875

7. AGE: Years 60 Months 1 Days 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dierks Lumber Co
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: Wm F. Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Nancy Tolan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Mrs Rose Simley
(ADDRESS) 919 East 11

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Cem DATE: Dec. 26, 1935

19. UNDERTAKER: A. P. Doehler
(ADDRESS) 1415 E 55

20. FILED 12-26, 1935 M. M. Crow, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/22/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..... I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 P.M. The principal cause of death and related causes of importance were as follows:

Coroner

Phenol Poisoning — Date of onset

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12/22/35
Where did injury occur? 5 I.D.E. 15th & Kenn
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Poisoned
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W Bess, M. D.
(Address) 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.