

JAN 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **2026**) **Carr** St. .... Ward .....

File No. **41284**  
**10504**  
Registered No. ....

2. FULL NAME

**Laura Thomas**  
(a) Residence, No. **2026 Carr** St. **21** 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 **Female**  
4. COLOR OR RACE **Cal**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Henry**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 10 1883**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**52 8 ✓**  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Domestic**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**  
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) **Hickman Ky**

13. NAME **West Clark**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hickman Ky**

15. MAIDEN NAME **Elysa Warrick**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wash. D. C.**

17. INFORMANT **Benner Caldwell**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **12-12-35**

19. UNDERTAKER **H. F. Buddele Walton**

20. FILED **DEC 12 1935**

**J. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 10 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 10 1935 to Dec 10 1935**  
I last saw h. or alive on **Dec 10 1935** Death is said to have occurred on the date stated above, at **12:50 P. M.**  
The principal cause of death and related causes of importance were as follows:

**Bronchial Pneumonia**  
Other contributory causes of importance: **1070**

Name of operation: ..... 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? .....  
If so, specify **fluorid** **J. Mulla** M. D.  
(Signed) **Franklin** (Address) **2235**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

