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.

MAR 16 1936

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

Do not use this space.

12215

1. PLACE OF DEATH
County St Genevieve — Registration District No. 934 — File No.
Township Union — Primary Registration District No. 6026 — Registered No. 2
City (No. , St. Ward)

2. FULL NAME Lennie August Thomas
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 17th 1901
7. AGE: YEARS 35 — MONTHS 1 — DAYS 15 — 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. Salesman
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): Centralia Ill.

FATHER
13. NAME: L. R. Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Nancy C. Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centralia Ill.

17. INFORMANT (ADDRESS): L. R. Thomas, Weingarten Ave.
18. BURIAL, CREMATION, OR REMOVAL: Lutheran Cemetery, Farmington Mo. DATE 3-4 1936
19. UNDERTAKER (ADDRESS): Caldwell Bros, Flat River Mo.
20. FILED 3-12- 1936 Wm A Kotte Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2nd 1936
22. I HEREBY CERTIFY, That I attended deceased from 3 1 1936, to 3 - 2 1936
I last saw her alive on 3 - 1 1936. 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:
Mediastinal abscess - Sudden rupture of some causing death in a few minutes.
Date of onset
Other contributory causes of importance: T B C of Bone Chronic
Name of operation: Chronic Date of: No
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) [signature], M. D.
(Address) Farmington Mo.