

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.

JUN 5 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 **Saint Louis**(No. **2939a Olive Street**)

17999

File No. **4946**

Registered No.

St. Ward)

2. FULL NAME **Katie Thomas**(a) Residence, No. **2939a Olive Street** 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 **Unavailable** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
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5A. WIDOWED WIDOWED, OR DIVORCED OR DIVORCED (OR) WIFE OF Samuel Thomas
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 20, 1876**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59		4	10	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Culture
	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) 1928
	11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) **Greenville**
(STATE OR COUNTRY) **Mississippi**13. NAME **Lewis Chapman**14. BIRTHPLACE (CITY OR TOWN) **Unavailable**
(STATE OR COUNTRY) **II**15. MAIDEN NAME **II**16. BIRTHPLACE (CITY OR TOWN) **II**
(STATE OR COUNTRY)17. INFORMANT (ADDRESS) **Eugene Harris**
2835 1/2 Delmar Boulevard

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Father Dickson** DATE **May 7th, 1936**19. UNDERTAKER (ADDRESS) **Charles C. Gates**
4107 Finney Avenue20. FILED **MAY 6 - 1936**Registrar. **J. P. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 30th, 1936**22. I HEREBY CERTIFY, That I attended deceased from **April 30**, 19**36** to **April 30**, 19**36**I last saw her alive on **April 28**, 19**36**. Death is said to have occurred on the date stated above, at **9:30 P.M.**

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

Bronchial PneumoniaDate of onset **11-28-36**

Other contributory causes of importance:

Name of operation **None** Date ofWhat 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? **XXX XXX** 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? **NO**

If so, specify.....

(Signed) **R. F. Purdum**, M. D.(Address) **2746a Franklin Avenue**

