

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

21036

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. 2709th Walnut) Registered No. 5242
St. _____ Ward _____

2. FULL NAME

Ferris M. Thomas
(a) Residence, No. 2709th Walnut St., 22 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 - 1874</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>9</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>common</u>	
	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) <u>Unknown</u>		
MOTHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Bertha Thomas</u> <u>2709th Walnut St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father's Dupon</u> DATE <u>May 16, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>H. Russell and Co</u> <u>273 1/2 Dome</u>		
20. FILING DATE <u>MAY 16 1936</u>		

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11th, 193622. I HEREBY CERTIFY That I attended deceased from Feb. 27, 1936 to May 5th, 1936I last saw h. i. m. alive on May 5, 1936 Death is saidto have occurred on the date stated above, at 4 P. m.

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

Chronic myocarditis Date of onset

Other contributory causes of importance:

noneName of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury _____, 1936

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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify _____

(Signed) J. C. Williams M. D.(Address) 274 3 Franklin Ave

