NOV 4 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

39029

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 10055

Township ..... Primary Registration District No. ..... Registered No. 10055

City St. Louis (No. Barnard Skin & Cancer Hospital St. ..... Ward)

2. FULL NAME Nannie Thomas

(a) Residence, No. 3002 A Pine 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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tom — Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unk- 1876

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housekeeper

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): Calhoun Tennessee

FATHER

13. NAME: Thomas Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calhoun Co. Tenn

MOTHER

15. MAIDEN NAME: Betty Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): So Carolina

17. INFORMANT (ADDRESS): Tom Thomas 3002a A - Pine St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Charleston, Tenn DATE Oct. 7 1936

19. UNDERTAKER (ADDRESS): Pinkie L. Toney 3129 Lucas Avenue

20. FILED OCT 5 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 1 1936 to Oct. 2 1936

I last saw her alive on Oct 2 1936. Death is said to have occurred on the date stated above, at 11 a.m. p.m.

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

	Date of onset
Bronchopneumonia	9-29
Ca of left breast 5 0	
Erysipelas	10-1

Other contributory causes of importance:

Name of operation Radical breast Date of 9-8-36

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? ..... 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) Pearson C. Kellogg, M. D.

(Address) 3427 Washington

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.