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.

100M-3-28-35

FEB 15 1937

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

Do not use this space.

36

1. PLACE OF DEATH
County Andrew — Registration District No. 16 — File No.
Township Rochester — Primary Registration District No. 5020 — Registered No. 21
City Savannah (No. ..... St. ..... Ward)

2. FULL NAME Bud Christopher Columbus Thomas
(a) Residence, No. Andrew Co farm 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. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-27-1858
7. AGE YEARS 78 MONTHS 2 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray co Mo. 1

FATHER
13. NAME Isirah Thomas 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown 2

MOTHER
15. MAIDEN NAME Martha Bird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown N. C.

17. INFORMANT Mrs. F. W. Knox
(ADDRESS) 2912 Burnside ave St Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah Mo. DATE Jan-16-1937
19. UNDERTAKER J. Fred Terhune
(ADDRESS) Savannah Mo
20. FILED Jan 15 1937 Lora E. Frank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-15-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1937, to ....., 19....
I last saw h. alive on Jan. 12, 1937. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Jan 11

Other contributory causes of importance: Prostatitis 108

Name of operation ..... Date of .....
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) Dr. A. H. Kelley, M. D.
(Address) St. Joseph Mo.