APR 15 1937

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

Do not use this space.

File No. 11212
Registered No. 323

1. PLACE OF DEATH

County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph (No. 619 Sycamore St. Ward)

2. FULL NAME James Fredrick Thomas

(a) Residence. No. 619 Sycamore St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/12/'20.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
16	9	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Unemployed
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Floyd Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri.

14. INFORMANT Luella Miller
(Address) 619 Sycamore

15. FILED 3-15, 1937 N. J. Nestlehus REGISTRAR
By Carl Lay

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/11/'37. 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 31-36 March 11, 1937 to March 11, 1937 that I last saw h... alive on March 11, 1937, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
Influenza
(duration) yrs. mos. 70 ds.

CONTRIBUTORY (SECONDARY) Coryza
(duration) yrs. mos. 70 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Joseph, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Nasal Examination
(Signed) J. W. Gaulard M. D.
, 19 (Address) 720 S 24th St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery — DATE OF BURIAL 3/15/37 19

20. UNDERTAKER: Graves Funeral Home — ADDRESS 806 S. 17th.

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.