MAY 7 1937

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 File No. 14642

Township ..... Primary Registration District No. 1003 Registered No. 4138

City Enright to city Hospital # 2 (No. ..... St. ..... Ward)

2. FULL NAME Cora Thomas

(a) Residence, No. 1029 N. Pendleton St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	17	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. West to

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

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) Jackson Ville, Fla

FATHER

13. NAME Joseph Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fla

MOTHER

15. MAIDEN NAME Kattie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fla

17. INFORMANT (ADDRESS) Joseph Thomas 1029 N. Pendleton

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 4. 21. 1937

19. UNDERTAKER (ADDRESS) Atkins Bros 3644 Finney ave

20. FILED APR 20 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 - 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10 1937 to April 17, 1937

I last saw her alive on April 17, 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:

Acute Miliary Tuberculosis of Lungs

Date of onset

23

Other contributory causes of importance:

Acute Bronchitis and Tonsilitis

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) T J Jones, M. D.

(Address) 2530 Franklin

000

22 22 29

Exact statement of OCCUPATION is very important. ... in plain terms, so that it may be properly classified.