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.

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

Do not use this space.

15285

MAY 15 1937

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. 2455 Monroe St. ..... Ward)

2. FULL NAME Noble B Thomas
(a) Residence, No. 2455 Monroe 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amanda Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 21 - 1850
7. AGE: YEARS 86 — MONTHS 7 — DAYS 26 — 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): Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Fred W. Morris 2455 Monroe
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE 4/19/ 1937
19. UNDERTAKER (ADDRESS): J. F. O'Donnell Co 3256 Broadway K.C. Mo
20. FILED 4-17- 1937 M M Crowe as Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-17- 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1937, to Apr. 17, 1937
I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 12:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with decompensation	4/17
Senility. 93c	
Other contributory causes of importance: Hypostatic Pneumonia	4/17

Name of operation: none — Date of .....
What test confirmed diagnosis? Physical — 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: no
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: .....
(Signed) C. Vincent, M. D.
(Address) 800 Argyle Bldg