

JAN 17 1938

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

Do not use this space.

43959

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City, Mo. (No. R.C. General Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4862
St. _____ Ward _____

2. FULL NAME John Thomas

(a) Residence, No. 3811 Highland Avenue, City, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Belle Thomas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13 1872</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>7</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labourer</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER / FATHER	13. NAME <u>Steuw Thomas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Martha Ashley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs. J. C. Calouse</u> (ADDRESS) <u>3811 Highland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Central</u> DATE <u>Nov 12 1937</u>		
19. UNDERTAKER <u>Mrs. C. L. Forster</u> (ADDRESS) <u>918 Brooklyn Avenue</u>		
20. FILED <u>Dec 3 1937</u> M. M. <u>Orrow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1st, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:
Suppurative meningitis of the brain
Bacterium pneumoniae 186a

Other contributory causes of importance:
as

Name of operation _____ Date _____
What test confirmed diagnosis Albany 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 11/1/37
Where did injury occur? 6th Street to Kansas
Specify whether injury occurred in the person's home, or in public place.

Manner of injury Fell on sidewalk striking head
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. C. Calouse _____, M. D.
(Address) Kansas

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.

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