

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 72 C Gen Hosp)

File No. 1355
Registered No. 43
St. _____ Ward _____

2. FULL NAME

Thomas M. Thomas 520
(a) Residence, No. 2400 7th St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1874

7. AGE YEARS 63 MONTHS 1 DAYS 6 If LESS than 1 day, _____ hra. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc. Furniture
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
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) Ky.

FATHER 13. NAME Alfred Thomas

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

MOTHER 15. MAIDEN NAME Ann Martin

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

17. INFORMANT (ADDRESS) Debra Clark 72 C Gen Hosp KCM

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkinsville Ky. DATE 1-4-38 19.

19. UNDERTAKER (ADDRESS) Quirk and Tabin Co Kansas City, Mo.

20. FILED Jan 4 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2 38

22. I HEREBY CERTIFY, That I attended deceased from 1-2 38, to 1-2 38

I last saw him alive on 1-2 38, 1938 Death is said to have occurred on the date stated above, at 11:40 AM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____

82a

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1938

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) P. H. De Maria M. D.
(Address) 517 72 C Gen Hosp KCM

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.

RECEIVED

FEB 18 1938

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