REC'D JUN 23 1938

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

Do not use this space.

File No. 19351

Registered No. 77

1. PLACE OF DEATH
County: St Charles
Township: St Charles
City: St Charles (No. St. Joe. Hospital St. 520 Ward)
Registration District No. 757
Primary Registration District No. 3036

2. FULL NAME: David S. Thomas.
(a) Residence, No. Columbia, Mo 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 27, 1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
24	5	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
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) May 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Mo. 0

FATHER
13. NAME: Solomon Thomas 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Mo 0

MOTHER
15. MAIDEN NAME: Lillie M Dowell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Mo

17. INFORMANT (ADDRESS): Mrs. Lillie Thomas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Columbia, Mo DATE: May 13, 1938

19. UNDERTAKER (ADDRESS): H. J. Gilleland

20. FILED 5/11, 1938 Clarence G. Wessler Registrar.

Coroners MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest, 19..., to 5-11-38, 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary inhalation of smoke and fumes, secondary 2nd degree burns and shock.	
Passenger in automobile in collision with bridge.	

Other contributory causes of importance: 210 lb

Name of operation ... Date of ... no
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? accident Date of injury 5-10-38
Where did injury occur? near Flint Hill Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. US. Highway # 61. McCoy creek bridge.
Manner of injury collision with bridge abuttment
Nature of injury driver fell asleep, truck caught fire

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify truck driver employee.
(Signed) John A Buse
(Address) Coroner St. Charles Co. Mo.

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.