REC'D SEP 23 1938

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

29192
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper — Registration District No. 411

Township — Primary Registration District No. 2002 — Registered No.

City Joplin — (d) Street No. St. Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Jefferson Allen Thomas

(a) Residence, No. 2217 Adelle St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10, 1875

7. AGE: YEARS 63 | MONTHS 6 | DAYS 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as 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) Kentucky

FATHER
13. NAME No data
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

MOTHER
15. MAIDEN NAME No data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (ADDRESS) Widow Amanda Thomas Joplin, Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL PLACE Hill Crest Cemetery DATE Aug. 11, 1938 Galena, Kan.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hedge-Nelson Webb City, Mo.

20. FILED 8-10, 1938 Ed L. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Aug. 9, 1938
I last saw him alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with Cardiac Decompensation	unk

Other contributory causes of importance:
1. Pulmonary Edema — unk
2. Generalized anasarca — "

Name of operation none Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify
(Signed) W. W. Kurst, M. D.
(Address) 607 Main St. Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 15 1948

RECEIVED
District Health Officer No. 6,
District File Number 6-38-160
Date Filed 9/20/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, E. W. Hedge, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.