

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.

7-24668

NOV 21 1938

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

34748
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Blue Primary Registration District No. _____ Registered No. 4084
 (c) City Kansas City mo (d) Street No. Reeds 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Janie Bell Thomas

(a) Residence, No. 1327 Lydia Apt. 11 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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th 1921
 7. AGE YEARS 16 MONTHS 11 mo DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Student
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY) _____

FATHER 13. NAME Thomas Johnnie 14. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Martin Lucy 16. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY) _____

17. INFORMANT R. C. T. B. H. (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL 10-19-38
Blue Ridge Lawn Cemetery

19. FUNERAL DIRECTOR (NAME) Thompson & Greenstreet (ADDRESS) 7 C. Mo.

20. FILED Dec 19 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 8/10/38, 1938, to 10/15/38, 1938
 I last saw her alive on 10/15/38, 1938. Death is said to have occurred on the date stated above, at 2:15 P. m.
 The principal cause of death and related causes of importance were as follows:

For Advanced Pulmonary Tuberculosis
 Other contributory causes of importance: Cervical Adenitis
 Name of operation Phrenic (Temp) Date of 10/15/38
 What test confirmed diagnosis? X-ray 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? no (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 _____ (Address) St. Louis, Mo.

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, _____, or by _____

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

Signed *E. W. Nutt* _____

Licensed Embalmer No. *2710* _____

P. O. Address _____

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

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