

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

5714  
Do not use this space.

REC'D MAR 9 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 395  
 (b) Township Law Primary Registration District No. 1002 Registered No. 913  
 (c) City Kansas City (d) Street No. 2214 Brooklyn 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** Phillip Thomas

(a) Residence, No. 2214 Brooklyn St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 11 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paper Hanger  
 9. Industry or business in which work was done, as saw mill, bank, etc. Self  
 10. Date deceased last worked at this occupation (month and year) Jan. 1939 11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Andrew Thomas

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

MOTHER 15. MAIDEN NAME Sarah Freeman

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

17. INFORMANT (ADDRESS) Minnie Thomas  
2214 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE 3-1-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) K. C. Emb. & Co.  
440 State Ave. K.C. Mo.

20. FILED 7/28/39 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-39, 19

22. I HEREBY CERTIFY, That I attended/deceased from

I last saw Deputy Cor, 19, Death is said to have occurred on the date stated above, at 6 A. M.  
 The principal cause of death and related causes of importance were as follows:

Distended Oesophagus, Arterial Pulmonary Hemorrhage  
 Date of onset 96

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Tuberc 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 \_\_\_\_\_, 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? Y  
 If so, specify \_\_\_\_\_

(Signed) Russell W. Bear, M. D.

(Address) \_\_\_\_\_

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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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.**