

DEC 21 1939

DEC 27 1939

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

38978
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006
 (c) City Columbia (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

WILLIS THOMAS
 (a) Residence, No. 410 RAILROAD 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 Negro 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) About 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 45 - - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

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 0

12. BIRTHPLACE (CITY OR TOWN) Columbia 0
 (STATE OR COUNTRY) Missouri

13. NAME Willis Thomas 0

14. BIRTHPLACE (CITY OR TOWN) Boone County 0
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emma White

16. BIRTHPLACE (CITY OR TOWN) Boone County 0
 (STATE OR COUNTRY) Missouri

17. INFORMANT Willis Thomas
 (ADDRESS) Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE always to cemetery DATE 12-2-39

19. FUNERAL DIRECTOR (NAME) Stuart P. Parker
 (ADDRESS) Columbia Missouri

20. FILED 11/30/1939 Allie Selby
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:5 p.m.

The principal cause of death and related causes of importance were as follows:
lobes Pneumonia
Centralia Hospital U.S. Army
 Date of onset _____

Other contributory causes of importance:
108

Name of operation _____ Date of _____
 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? _____ 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? _____
 If so, specify _____
 (Signed) M.P. Galloway Coroner
 (Address) 218 N 8th St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by ~~.....~~
....., Registered Apprentice No.
working under my personal supervision.

Signed Stuart P. Parker
Licensed Embalmer No. 2900
P. O. Address Columbia Mo

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.