

APR 4 1940

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

10649
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Clay Registration District No. 198
(b) Township Fishing River Primary Registration District No. 3011 Registered No. 25
(c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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 3 yrs. mos. 1 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Will Thomas
(a) Residence, No. 1807 Grove St. Kansas City, Mo. St. 1807 Grove St. Kansas City, Mo.
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married- Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

FATHER 13. NAME Ike Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

MOTHER 15. MAIDEN NAME Laura Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs, Mo. 3-2-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard Excelsior Springs, Mo. 150

20. FILED 3-4-40 Mrs. Res. McClacken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 29, 1940

I HEREBY CERTIFY, That I attended deceased from February 28, 1940, to February 29, 1940
I last saw him alive on February 29, 1940 Death is said to have occurred on the date stated above, at 7:45 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Cirrhosis of Liver
Nephritis, chronic
Other contributory causes of importance:
12419

Name of operation None Date of None
What test confirmed diagnosis? Exam. and observation 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 None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Unknown
Signed W. A. Gorman M. D., Principal Medical Director
Veterans Administration Facility, Excelsior Springs, Missouri

RECORD COPY - LAWYER, 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.

1 X16505

SEP 30 1940

RECEIVED
District Health Officer No. 8,
District File Number 4-3-40
Date Filed

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.....

Robert Gray

Registered Apprentice No. *226*

working under my personal supervision.

Signed *Claude Richard*

Licensed Embalmer No. *2754*

P.O. Address *Excelsior Springs, 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.