

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

Do not use this space.

31644

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. ....)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **8984** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 3526<sup>A</sup> Market St., 18 Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Alberta Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 0 24

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stanton (STATE OR COUNTRY) Mo.

10. NAME OF FATHER George Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stanton (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Harnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo.

14. INFORMANT Mora Sides (Address) 3526<sup>A</sup> Market St

15. FILED Oct 13 1927 may b Starceoff Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1927, to Oct 7, 1927 that I last saw h. u.s. alive on Oct 7, 1927, and that death occurred, on the date stated above, at 7:01 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chr Piberular Pleurisy

CONTRIBUTORY (SECONDARY) Chr heart disease (duration) yrs. 6 mos. da. Indefinite (duration) yrs. mos. da. mitral Regurgitation

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) Thos A. Lewis, M. D. 10-7, 1927 (Address) 2901 Market

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stanton Mo DATE OF BURIAL 10-9-1927  
UNDERTAKER D. C. Thomas ADDRESS 3111 Locust

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

