

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

Do not use this space.

2591

**1. PLACE OF DEATH**

County Monroe  
Township Jackson  
City (No. ....) .....

Registration District No. 582  
Primary Registration District No. 5779

File No. ....  
Registered No. 6  
St. .... Ward)

**2. FULL NAME**

William Thomas

(a) Residence, No. ....  
(Usual place of abode) County Jefferson

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

Male | white | widowed

5A. ~~Is~~ MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF

not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept<sup>th</sup> 24<sup>th</sup> 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>64</u>	<u>3</u>	<u>24<sup>th</sup></u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employee)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rolla Co  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Thomas

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

12. MAIDEN NAME OF MOTHER Amanda Able

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

14. INFORMANT Mrs Frank Thomas  
(Address) Monroe City Mo

15. FILED Jan 18 1929 W. C. Payne  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-18 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to Jan 18, 1929, that I last saw him alive on Jan 15, 1929, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Internal Cancer

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45  
(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Geo. W. Reynolds, M. D.

Jan 18, 1929 (Address) Paris Mo.

\*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 DATE OF BURIAL

Monroe City Mo 1/20 1929

20. UNDERTAKER ADDRESS

Wilson + Son. Monroe City Mo.

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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