MAR 25 1930

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.

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

Do not use this space.

4720

File No. .....

Registered No. 6

1. PLACE OF DEATH

County: Grundy — Registration District No. 327

Township: Liberty — Primary Registration District No. 5453

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Billy Jean Thomas.

(a) Residence. No. ..... St., ... Ward, ... (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 21 - 1928

7. AGE: Years 0 | Months 7 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy Co. Mo

PARENTS

10. NAME OF FATHER: Wm R. Thomas.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Grundy Co. Mo.

12. MAIDEN NAME OF MOTHER: Orpha Holloway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Grundy Co. Mo.

14. INFORMANT: Wm R. Thomas. (Address): Galt Mo.

15. FILED: 2-20, 30 — U C Weston, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-6-, 1930, to 2-19-, 1930, that I last saw ..... alive on 2-15-, 1930 and that death occurred, on the date stated above, at 4:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis Acute

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Toxemia.

(duration) ..... yrs. ..... mos. 10 ds.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical.

(Signed) U C Weston, M. D

2-20-, 1930 (Address) Galt 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: Berry Cem. Galt Mo — DATE OF BURIAL: Feby 20. 1930

20. UNDERTAKER: R L Rayner — ADDRESS: Galt Mo