

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

14245

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399  
 Township Bank Primary Registration District No. 1002  
 City R.C. No. (No. General Hosp # 2) St. 1750 Ward

**2. FULL NAME** Wilfred Thomas  
 (a) Residence No. 1911 C. 23<sup>rd</sup> St. 4 Ward. (If nonresident, give city or town and State)  
 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** M **4. COLOR OR RACE** wn **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)** Jan 4 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
		<u>3</u>	<u>5</u>	<u>7</u>

**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)** R.C. No.

**10. NAME OF FATHER** Alfred Thomas

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

**12. MAIDEN NAME OF MOTHER** Bulah Edwards

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

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Apr 9 1931

**17. I HEREBY CERTIFY, That I attended deceased from** 3-14- 1931, to 4-9- 1931, and that I last saw him alive on 4-9- 1931, and that death occurred, on the date stated above, at 6 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
107A Broncho. Pneumonia  
63  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** Rickets  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** Unknown  
 NOT A PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no (1)

**WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed) D. W. Miller, M. D.  
4/10 1931 (Address) Genl Hosp. # 2

\*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** Blue Ridge Lawn **DATE OF BURIAL** 4-14 1931

**20. UNDERTAKER** H. Burson **ADDRESS** 1820 E 18<sup>th</sup>

**14. INFORMANT** Mrs Bulah Thomas  
 (Address) 1324 Osage

**15. FILED** 4/14 31 M. M. Crowe REGISTRAR  
Arson

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

K. 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.

