

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

Do not use this space.

19892

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Townships Joplin, Mo. Primary Registration District No. 7002  
 City Joplin, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 28  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Alby B. Thomas  
 (a) Residence, No. 722 1/2 No. Myers St. \_\_\_\_\_ 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. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truitt & 190 Cold Storage

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

13. NAME George Edwin Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Fancy Whetstone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Flornice Thomas 722 1/2 No. Myers

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE June 28, 1932

19. UNDERTAKER (ADDRESS) Frank - Bowers Co. Joplin, Mo.

20. FILED 6 28 1932 Alfred Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1932, to June 26, 1932. I last saw him alive on June 25, 1932. Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:  
Coronary occlusion

Other contributory causes of importance:  
94B 97B

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury ✓, 1932  
 Where did injury occur? ✓ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) Karl L. Tuff, M. D.  
 (Address) Joplin, Mo.

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.

JUL 25 1932

