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.

38469

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 38469

Township — Primary Registration District No. 1001 — Registered No. 1182

City St. Joseph (No. 422½ south 6 street St. Ward)

2. FULL NAME Roy H Thomas

(a) Residence, No. 422½ south 6 street St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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: Ruth Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29, 1891

7. AGE: YEARS 41 — MONTHS 5 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 71

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cosby Missouri

FATHER

13. NAME: Henry Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

MOTHER

15. MAIDEN NAME: Sarah Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Missouri

17. INFORMANT (ADDRESS): John Thomas 2404 No. 7 street St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ - Bethel Cemetery

PLACE Cosby Mo. DATE Dec. 6 1932

19. UNDERTAKER (ADDRESS): H O Sidenfaden 1802 Union st St. Joseph Mo.

20. FILED DEC 6 1932 19 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 5, 1932

22. I HEREBY CERTIFY, That I ~~attended deceased~~ viewed remains from Dec. 5, 1932, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 A m.

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

Chronic Myocarditis

93C 93C

Date of onset

Other contributory causes of importance:

Has had several attacks (5)

Name of operation none Date of

What test confirmed diagnosis? Clinical Hist Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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) Forrest Thomas Coroner, M. D.

(Address) 801½ Felix