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

Do not use this space. 1434

File No. 224

Registered No.

1. PLACE OF DEATH Veterans' Administration Hospital,
County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. C-703 006 SC St. Ward)

2. FULL NAME ROSE, Thomas Pvt 1/c Co A 130th MG Bn
(a) Residence, No. 618 N. Elliott St., Ward.
(Usual place of abode) Webb City, Missouri (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Sarah Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	11	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Webb City DATE Jan 14 1933

19. UNDERTAKER (ADDRESS) Gallagher Brothers 101 West 2nd St Webb City

20. FILED 1-14 1933 M. M. Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1933, to January 14, 1933
I last saw him alive on January 14, 1933. Death is said to have occurred on the date stated above, at 9:19 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pul. Far advanced,	
Active, "h", and Pneumonoconiosis.	
22A	
22A	
22A	
23	

Other contributory causes of importance:
Pneumonia, lobular

Name of operation Physical examination Date of –
What test confirmed diagnosis Was there an autopsy?

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 of injury in any way related to occupation of deceased? Yes
If so, specify Army Service.
(Signed) Eddy Hughes M. D.
Clinical Director
(Address) Veterans Administration Hosp. Kansas City, Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2