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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 20368
Township KAW — Primary Registration District No. 2092 — Registered No. 2531
City KANSAS CITY (No. 5704 VIRGINIA St. Ward)

2. FULL NAME WILLIAM B THOMAS
(a) Residence, No. 5704-VIRGINIA St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 45 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 MRS. ELLEN O. THOMAS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-4-1853

7. AGE: YEARS 80 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PENN LUBRICATING CO.
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) MIDDLETOWN CONNECTICUT

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

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

17. INFORMANT (ADDRESS) MRS. ELLEN O. THOMAS 5704-VIRGINIA AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE June 9 1934

19. UNDERTAKER (ADDRESS) D.W. NEWCOMER'S SONS 2111-EAST-9TH ST.

20. FILED June 7, 1934 M. M. Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to June 6, 1934
I last saw him alive on June 6, 1934. Death is said to have occurred on the date stated above, at 1:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage	
93C	
93C	

Other contributory causes of importance: Myocarditis. Chronic

Name of operation ..... Date of .....
What test confirmed diagnosis? physical 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?
If so, specify .....
(Signed) Amin Bouhod, M. D.
(Address) 1010 Chambers

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 17 1934

1010 - Chambers Bldg
3:30 - 5:30