MAR 13 1937

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. 6376

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 4022 Brooklyn St. Ward)

2. FULL NAME William Gentry Thomas

(a) Residence, No. 4022 Brooklyn St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 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 Cordelia Pearl Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	3	17	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Aug. 1936

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City

FATHER

13. NAME W. F. Thomas

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

MOTHER

15. MAIDEN NAME Idia Mary Fessions

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

17. INFORMANT (ADDRESS) Mrs. Cordelia Thomas 4022 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

PLACE [illegible] DATE Feb. 11 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Son

20. FILED 2-10 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936, to Feb 10, 1937

I last saw him alive on Feb 10, 1937. Death is said to have occurred on the date stated above, at 4:30 A.m.

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

	Date of onset
Squamous Cell Carcinoma of the skin of right groin & perineum with visceral metastasis. Primary skin over groin	July 1935 Nov 1936

Other contributory causes of importance: Cachexia

Name of operation Removal Carcinomatous mass of perineum Date of Oct. 12, 36

What test confirmed diagnosis? Biopsy 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. No

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Kip Robinson M. D.

(Address) 9218 Professional Bldg

K. C. Mo.

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.

Prof. Bldg.