NOV 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Platte 2/1 Registration District No. 692 File No. 38558
Township Primary Registration District No. 4414 Registered No.
City Dearborn (No. , St. Ward)

83 1 0

2. FULL NAME Thomas Jefferson Means Jr.
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred all his life 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 Cora Boydston Means

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1875

7. AGE 63 YEARS 1 MONTHS 26 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realestate dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realstate
10. Date deceased last worked at this occupation (month and year) Oct 20 1938
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Thomas J. Means Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri O

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

17. INFORMANT (ADDRESS) Cora Means Dearborn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dearborn cem. DATE Oct 25 1938

19. UNDERTAKER (ADDRESS) Lucian Davis Dearborn Mo.

20. FILED Oct 31 1938 M. A. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1938, to Oct 23 1938
I last saw him alive on Oct 23 1938. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 20 1938
8 2 1	

Other contributory causes of importance: none.

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury Nov 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Jos. M. Hale, M. D.
(Address) Dearborn, 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.