

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

Do not use this space.

37141

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 1002-7-19  
 Township Kaw Primary Registration District No. 1002-7-19 Registered No. 1002-7-19  
 City Kansas City (No. Independence & Brook St. Word)

**2. FULL NAME**

Joseph G. Thompson  
 (a) Residence No. 309 N. James St. (Usual place of abode) (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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29, 1902

7. AGE: YEARS 25 MONTHS 3 DAYS 20 If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Common Labor  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Green Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Laura McClaine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia (STATE OR COUNTRY) Mo.

14. INFORMANT Laura Baldrige (Address) 309 N. James St.

15. FILED 10/30, 1921 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27-21

17. Deputy Coroner  
 I HEREBY CERTIFY, That I attended deceased from 12-27-21, 1921, to 12-27-21, 1921, and that I last saw him alive on 12-27-21, 1921, and that death occurred, on the date stated above, at 12-27-21 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1773  
Homicide, Firearm  
1921 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1921 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

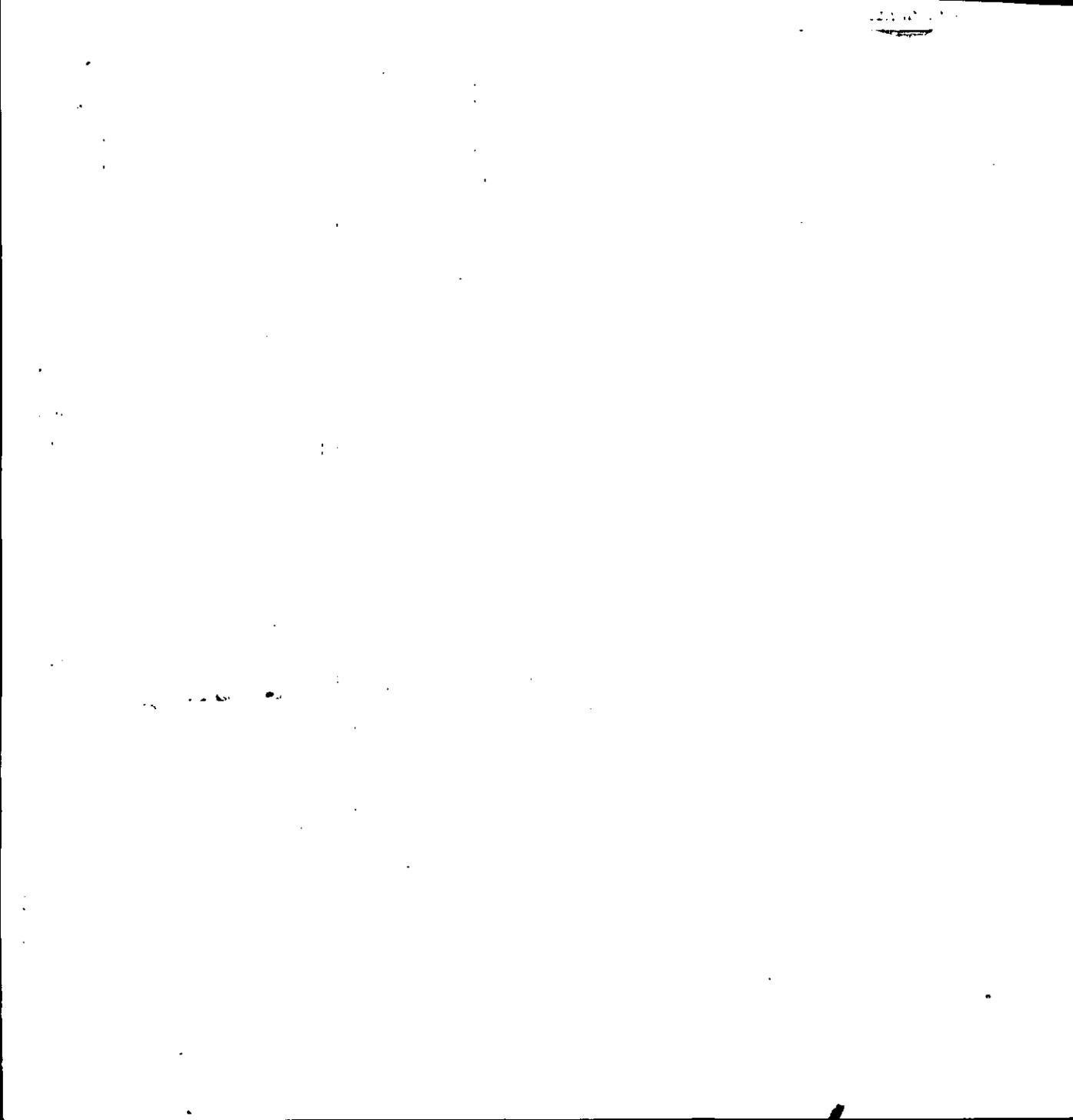
19. DID AN OPERATION PRECEDE DEATH? DATE OF  
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Dr. [Signature] M.D.  
 12/27/21, 19 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE OF BURIAL Jan 2, 1928

20. UNDERTAKER Adkins Bros ADDRESS 2122 Vine



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399 File No. 37141  
 Township Kau Primary Registration District No. 1002 Registered No. 4966  
 City Kansas City (No. Independence & Troost) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Joseph A Thompson  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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** m. **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Bertha Thompson

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug 29 1899

**7. AGE** YEARS MONTHS Days **IF LESS than 1 day, hrs. or min.**  
28 3 28

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_

**10. NAME OF FATHER** \_\_\_\_\_

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_

**12. MAIDEN NAME OF MOTHER** \_\_\_\_\_

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_

**14. INFORMANT (Address)** Laura Baldridge  
309 N James St #616

**15. FILED** 17/30 27 M. M. Conner  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 12 - 27 1927

**17. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

\_\_\_\_\_ (duration) yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_ (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state: (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** \_\_\_\_\_ **DATE OF BURIAL** \_\_\_\_\_

**20. UNDERTAKER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**SUPPLEMENTARY**

REGISTRAR L NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-1-5