

K. 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.

2232

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

Do not use this space.

17325

1. PLACE OF DEATH
 County.....Jackson..... Registration District No. 399
 Township.....Kaw..... Primary Registration District No. 1002
 City.....Kansas City..... (No. Research Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2008
 _____ St. _____ Ward _____

2. FULL NAME.....John E. Thompson.....
 (a) Residence, No. 3530 Indiana St., 16 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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.....Ora Ruth Thompson.....
6. DATE OF BIRTH (MONTH, DAY AND YEAR).....Feb. 2 1877.....
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 3 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work.....Merry Optical Company.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....Employee.....
 (c) Name of employer.....944 950 1015.....

9. BIRTHPLACE (CITY OR TOWN).....Massachusetts.....
 (STATE OR COUNTRY)

10. NAME OF FATHER.....James L. Thompson.....
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....Maine.....
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER.....Ema Watson.....
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....unknown.....
 (STATE OR COUNTRY)

14. INFORMANT.....Mrs. Ora Ruth Thompson.....
 (Address).....3530 Indiana.....

15. FILED.....May 24 28.....M. M. Crowe.....
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR).....May 22 - 1928.....
17. I HEREBY CERTIFY, That I attended deceased from.....May 1 - 1928....., to.....May 22 - 1928....., that I last saw him alive on.....May 22 - 1928....., and that death occurred, on the date stated above, at.....9:30 A.....
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic carditis arteriosclerosis..... (duration) 1 yrs. mos. da.
CONTRIBUTORY secondary infect pneumonia (SECONDARY) (Angina pectoris)..... (duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....no.....
 DID AN OPERATION PRECEDE DEATH?.....no..... DATE OF.....
 WAS THERE AN AUTOPSY?.....no.....
 WHAT WAS CONFIRMED DIAGNOSIS.....usual findings.....
 (Signed).....J. S. Subach....., M. D.
723 .1928 (Address).....586 Tangle Bell.....

*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.....Tranesh Hill Cemetery..... DATE OF BURIAL.....May 24 1928.....
20. UNDERTAKER.....Stone + McClure..... ADDRESS.....924 Oak.....

