

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

Do not use this space.

4899

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. General Hospital #3)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 549  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Marnie Thompson  
(a) Residence. No. 732 Campbell St. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
4. COLOR OR RACE col  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25th, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
19      2      9 days

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Argentine  
Kans.

10. NAME OF FATHER Frank Harvey

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

12. MAIDEN NAME OF MOTHER Mrs. Mary Moore

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

14. INFORMANT Dolly Nichols (sister)  
(Address) 830 Campbell St.

15. FILED 75 19 30 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-4-30

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, 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: 1  
Suicide - Fearing

16 hr (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 170 (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? Autopsy  
(Signed) Deputy coroner M. D. \_\_\_\_\_  
(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 Maple Hill DATE OF BURIAL Feb 7 19 30

20. UNDERTAKER Adkins Bros ADDRESS 2000 E-1st

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

3330  
4  
27

