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

Do not use this space.

23163

File No. 3158

Registered No.

1. PLACE OF DEATH
County Jackson
Township Raw
City K. C. Mo
Registration District No.
Primary Registration District No.
(No. Trinity Hospital St. Ward)

2. FULL NAME Marion Thompson
(a) Residence. No. St., Ward. Strasburg Mo
(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 Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 - 1916

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
14	2	28	

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

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

PARENTS

10. NAME OF FATHER Samuel Y. Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Myme Powell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Myme Powell
(Address) Strasburg Mo.

15. FILED 7/30 1930 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 30 1930

17. I HEREBY CERTIFY, That I attended deceased from July - 28, 1930, to July - 30, 1930 that I last saw him alive on July 30, 1930 and that death occurred, on the date stated above, at 7 20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Gangrenous
124A Appendix
129 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) General Peritonitis
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Strasburg Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July-28-1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Roy U. Stevens, M. D.
7/30, 1930 (Address) 910 Realty Bldg

*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 Strasburg Mo
DATE OF BURIAL Aug 1 1930

20. UNDERTAKER W. W. Hon
ADDRESS Pleasanthill 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.