

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

Do not use this space.

28429

1. PLACE OF DEATH

County Jackson Registration District No. 38
 Township Kaw Primary Registration District No. R.O.E.
 City Kansas City Trinity Lutheran Hospital Ward

File No. _____
 Registered No. 3007

2. FULL NAME Mrs. Willa Thompson

(a) Residence, No. _____ St. X Ward. Trenton - Missouri
 (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 Fe 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 C. D. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-25-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 | 2 | 28 | 0 | 0 | 0

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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) Missouri

10. NAME OF FATHER Neal Perry

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

12. MAIDEN NAME OF MOTHER Ardia Miller

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

14. INFORMANT (Address) Hilton Thompson
Grand ave Temple Bldg

15. FILED 8/23, 1931 M. M. Cropper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 23¹⁹ 31

17. I HEREBY CERTIFY, That I attended deceased from August 20-1931, 1931, to August 23, 1931.
 (that I last saw her alive on August 22, 1931, and that death occurred, on the date stated above, at 12:25 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Cervix
49
111A 48
45B (duration) 1 yrs. 0 mos. 0 da.
 CONTRIBUTORY Pulmonary Embolism - acute
tion of Heart (duration) 1 yrs. 0 mos. 0 da.

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

3 DID AN OPERATION PRECEDE DEATH? Radium Implantation DATE OF Aug 19/31

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) John H. Ogilvie M.D., M. D.
8/23, 1931 (Address) 1007 Avaulte - K. C. Mo

*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 DATE OF BURIAL
Trenton Mo Aug 24 1931

20. UNDERTAKER ADDRESS
New Jerusalem Socy K.C.

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.

