

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

Do not use this space.

28444

1. PLACE OF DEATH

County Jackson Registration District No. 3
 Township Kaw Primary Registration District No. 3002
 City Kansas City (No. 53 East 53rd St. St. _____ Ward)

File No. _____
 Registered No. 3592
 St. _____ Ward)

2. FULL NAME

Percy Thompson
 (a) Residence. No. 53 East 53rd St. C 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 Clara Mersereau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	76	11	0	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New York City
 (STATE OR COUNTRY) New York

10. NAME OF FATHER Dr. J. H. Thompson

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

12. MAIDEN NAME OF MOTHER Jane Unit

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

14. INFORMANT Percy Thompson, Jr.
 (Address) 53 East 53rd St.

15. FILED 8/24, 1931 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 22, 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Aug 22, 1931, that I last saw him alive on Aug 22, 1931, and that death occurred, on the date stated above, at 4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart block for am. Cardiac dilatation - Arterio-sclerosis Chronic Nephritis
131 (duration) Several yrs. da.

CONTRIBUTORY (SECONDARY)

97/131 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? X DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) J. F. Pettit M. P.
8/23, 1931 (Address) 1202 Waldwin 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 7th. Washington DATE OF BURIAL 8-24 1931

20. UNDERTAKER Stear & McClure ADDRESS 3235 Gillham Plaza

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.

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

W. J. ...