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

Do not use this space.

34404

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 100
City Kansas City (No. 4829 Charlotte Street St. 4118 Ward)
File No.
Registered No. 4118

2. FULL NAME Mrs. Eleanor Tucker Thompson
(a) Residence. No. 4829 Charlotte St., 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	49	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(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) Pennsylvania

PARENTS
10. NAME OF FATHER Charles N. Tucker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Massachusetts
12. MAIDEN NAME OF MOTHER Mary G. Tucker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Massachusetts

14. INFORMANT Rand R. Thompson
(Address) 4829 Charlotte St.

15. FILED 10/9, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8 1931

17. I HEREBY CERTIFY, That I attended deceased from 10/7, 1931, to 10/8, 1931 that I last saw her alive on 10/8, 1931, and that death occurred, on the date stated above, at 11:31 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A 36 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 82A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frederick A. Baldwin, M. D.
10/9, 1931 (Address) 317 Argyle Bldg 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 Forest Hill Cemetery
DATE OF BURIAL 10-12 1931
20. UNDERTAKER Stine + 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.

Dr. T. A. Baldwin
317 Argyle Bldg.
-to "P. G."