

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

Do not use this space.

40992

1. PLACE OF DEATH

County.....Jackson.....
Township.....Kaw.....
City.....Kansas City..... (No. 905 Linwood Blvd.)

Registration District No. 880
Primary Registration District No. 1103
St. _____ Ward _____

File No. _____
Registered No. 4980
St. _____ Ward _____

2. FULL NAME Richard L. Thompson

(a) Residence, No. 905 Linwood Blvd. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 1/2 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6th, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 3 6

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elect. Refrigeration
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 9 3/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Mich.

FATHER
13. NAME unk Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Alice Gallaher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Blanche Nagle
(ADDRESS) 905 Linwood Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 12-16-1931

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED 12/15 1931 M. M. Brown
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 12th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1931, to Dec. 12, 1931.
I last saw him alive on Dec. 12, 1931. Death is said to have occurred on the date stated above, at 11.30 P.M..
The principal cause of death and related causes of importance were as follows:

Date of onset
acute dilatation of heart 12/12/31
chronic myocarditis 1919
Other contributory causes of importance:
Valvular infection teeth 9/30
exposure world war
vigorous exercise afternoon of death

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Thos. W. Harwick D.
(Address) 406 Wirthman Bldg

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.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

• DA V P H. J. ...
H06 ...
110-2001