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.

AUG 24 1932

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

Do not use this space.

23115

1. PLACE OF DEATH

48

County Jackson — Registration District No. 404 — File No. [illegible]

Township Washington — Primary Registration District No. 5558 — Registered No. [illegible]

City K.C.Mo. (No. 8220 Kenwood St. Ward)

2. FULL NAME Edward Lee Thompson

(a) Residence, No. 8220 Kenwood St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
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): Sept. 14, 1899

7. AGE: YEARS 32 — MONTHS 9 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President 259
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Harper Thomspon Motor Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, Missouri

FATHER

13. NAME: Charles Edward Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasant Hill Ill

MOTHER

15. MAIDEN NAME: Nancie Sanduskey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia, Missouri

17. INFORMANT (ADDRESS): Mrs. William H. Harper 8220 Kenwood,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 7-5-32, 19

19. UNDERTAKER (ADDRESS): R.V.Lindsey & Sons, Inc. K.C.Mo.

20. FILED 7-4 32 Fred S. Lindsey Sec Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

23A 23

Other contributory causes of importance:

4

Name of operation: none — Date of ....

What test confirmed diagnosis? autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury ....., 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) Coroner