

House Call

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

Do not use this space.

35989

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2039)

Registration District No. 399

Primary Registration District No. 1002
(No. 2039)

File No. 4499
Registered No. 4499
St. _____ Ward _____

2. FULL NAME

Thilla Mae Thompson

(a) Residence, No. 2039 E. 19th St. 4 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 244

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) June 3, 1937 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Dan Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Elizabeth Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.

17. INFORMANT (ADDRESS) Elizabeth Buckingham
2039 E. 19th

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Nov. 29, 1937

19. UNDERTAKER (ADDRESS) Hickins Brothers
2015 E. 12th St.

20. FILED Nov. 29, 1937 M. M. Corry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1937

22. I HEREBY CERTIFY That I attended deceased from 4-77 32 N 26 St 32 19 to 11-25 1937 26 19

I last saw her alive on 11-25, 1937 Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Suburgy
234 - Tuberculosis
Other contributory causes of importance: 2 B 1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. M. Corry, M. D.
(Address) 107 E. 8th

MARGIN RESERVED FOR BINDING
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.

