16-57

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29867
Township Kaw — Primary Registration District No. 1002 — Registered No. 3793
City Kansas City (No. K C General Hosp St. ..... Ward)

2. FULL NAME Charles Thompson
(a) Residence, No. 914 E 28th St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1893
7. AGE 40 YEARS ~~36~~ MONTHS 1 DAYS ~~4~~ 20 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Kansas

FATHER
13. NAME James E Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Anna Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Rewa Clerk K C Gen Hosp. K.C.M.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9/26 1933
19. UNDERTAKER (ADDRESS) O.V. Maar Funeral Home 3146 Main St
20. FILED 9-25 1933 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23 1933
22. I HEREBY CERTIFY, That I attended deceased from 7-4 1933, to 9-23 1933
I last saw him alive on 9-23 1933 Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arrhosis of Liver | |
| 1248 | |
| 1248 | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..... 120

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) P. F. De Maria, M. D.
(Address) Asst Sup K.C. Gen Hosp.

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