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.

NOV 19 1933

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

Do not use this space.

33060

**1. PLACE OF DEATH**

County Jackson — Registration District No. 352 — File No. 33060

Township Kaw — Primary Registration District No. 1002 — Registered No. 3993

City Kansas City (No. St. Lukes Hospital St. Ward)

**2. FULL NAME** Augustus J. Thompson

(a) Residence, No. 7543 Madison 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widow |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1872

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 60 | 11 | 28 | |

OCCUPATION

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

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) Iowa

FATHER

13. NAME John Thompson

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. F. Davidson 7543 Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 10/9/33, 19

19. UNDERTAKER (ADDRESS) R. V. LINDSEY & SONS 3811 Broadway

20. FILED 10/9, 1933 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933 to Oct 7, 1933

I last saw him alive on Oct 7, 1933 Death is said to have occurred on the date stated above, at 5:20 p.m.

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

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 4-25 |
| 82 | |
| 77 | |

Other contributory causes of importance:

Hypertension + cerebral arteriosclerosis Old

102

Name of operation ✓ Date of ✓

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

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? no

If so, specify ✓

(Signed) R. J. Bohan, M. D.

(Address) Mid Arts Bldg

K C Mo