

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

Do not use this space.

1192

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. 052
 City Kansas City (No. 1332 East 34th) St. _____ Ward _____
 Registered No. 162

2. FULL NAME Minnie Huselton Thompson

(a) Residence, No. 1332 East 34 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>76</u>		<u>5</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Butler (STATE OR COUNTRY) Pa

MOTHER FATHER 13. NAME Theodora Huselton

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

MOTHER 15. MAIDEN NAME Hanna E. Chandler

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

17. INFORMANT F. W. Thompson (ADDRESS) 1332 East 34

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash DATE Jan 13 '34

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED Jan 12 '34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 34 '19

22. I HEREBY CERTIFY, that I attended deceased from Jan 7, 1934, to Jan 11, 1934. I last saw him alive on Jan 11, 1934. Death is said to have occurred on the date stated above, at 7:20 P.M.

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

Acute Coridias failure due to Chronic Myocardial degeneration

Date of onset 4 da

Other contributory causes of importance Renal insufficiency

Name of operation No Date of _____
 What test confirmed diagnosis? Chemical 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? No
 If so, specify _____
 (Signed) Henry L. Jones M. D.
 (Address) Holmes City, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FEB 2 1934
 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.

Dr Harry Jones

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