

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.

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

Do not use this space.

MAY 25 1934

309

12867

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. S. t. Mary's Hospital)

File No. \_\_\_\_\_  
Registered No. 1514  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John H. Thompson

(a) Residence, No. 610 West 67th St., \_\_\_\_\_ Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Agnes Lester Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82      3      6

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. Physician  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) London  
(STATE OR COUNTRY) England

FATHER  
13. NAME John H. Thompson  
14. BIRTHPLACE (CITY OR TOWN) London England  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME No information  
16. BIRTHPLACE (CITY OR TOWN) No information  
(STATE OR COUNTRY)

17. INFORMANT Allen W. Pate  
(ADDRESS) 610 West 67th

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington DATE 4-9- 1934

19. UNDERTAKER Street + McClure  
(ADDRESS) 2235 Melham Place

20. FILED Apr 9 1934 M. M. Crowl  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4 1934 to April 7 1934  
I last saw him alive on April 7 1934. Death is said to have occurred on the date stated above, at 1:10 p.m.  
The principal cause of death and related causes of importance were as follows:

Acute Pulmonary  
edema  
930  
Other contributory causes of importance:  
Myocardial Infarct  
Chronic anemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Placed of lungs 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 E  
Nature of injury E

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_  
(Signed) J. H. Quinn, M. D.  
(Address) 19 (M.D.)

