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

Do not use this space.

20399

File No. 25633

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township RAW Primary Registration District No. 1002

City KANSAS CITY (No. 3806 MICHIGAN St. Ward)

2. FULL NAME THOMAS J. THORP

(a) Residence, No. 3806 MICHIGAN St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. CARRIE THORP

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-17-1862

7. AGE: Years 71 | Months 7 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) MARSHALL MISSOURI

FATHER

13. NAME UNKNOWN THORP

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 MRS. RICHARD BURRITT
(ADDRESS) 3806 MICHIGAN AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE JUNE-9 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111-EAST-9TH ST.

20. FILED 6-9 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to June 8, 1934
I last saw him alive on June 7, 1934 Death is said to have occurred on the date stated above, at 6:00 Am.

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

	Date of onset
2. Bilateral Pyelonephritis	[illegible]
1. Uremia	[illegible]

Other contributory causes of importance: Moderate Hypertrophy of Prostate Gland, Cancer None

Name of operation NO Date of

What test confirmed diagnosis? Autopsy 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) V. Hayley Mares M. D.

(Address) 520 Professional Bldg.

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.