

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.

OCT 17 1934

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

Do not use this space.

32808

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Missouri City Primary Registration District No. 1002
City Missouri City (No. 3001 E 32nd) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3001 E 32 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24th, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
93 10 13

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

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) No. Carolina

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mrs. Emma Thompson (ADDRESS) 3001 E 32nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tru. Cem. DATE 9/10/34 19.

19. UNDERTAKER J. P. Berry (ADDRESS) City

20. FILED Sept 9 1934 M. M. Corwin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1934, to Sept 7th 1934. I last saw alive on Aug 31st 1934. Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Arterio Sclerosis
Angina Pectoris
Coronary Sclerosis
Jaundice, General
Emphysema

Other contributory causes of importance:

940
1211
940

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) A. M. THOMPSON M. D.
(Address) 6218 BALTIMORE-KC, MO

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