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.

32853

1. PLACE OF DEATH
County JACKSON
Township Kaw
City Kansas City
Registration District No. 330
Primary Registration District No. 3008
(No. 215 West, 68th St. Ward)
File No.
Registered No.

2. FULL NAME William W. Thompson
(a) Residence, No. 215 West 68th St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
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: 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: Sarah Jane Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14, 1856

7. AGE: YEARS 78 | MONTHS 2 | DAYS 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Keokuk County Iowa

FATHER
13. NAME: Gilbert Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

MOTHER
15. MAIDEN NAME: Susan McCombs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Rea H. McCaughey 215 West 68th St

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Hill Cem DATE 9-13- 1934

19. UNDERTAKER (ADDRESS): Stipe & McClure 3235 Gillham Plaza

20. FILED 9-12 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1934, to Sept 10, 1934
I last saw him alive on Sept 10, 1934. Death is said to have occurred on the date stated above, at 11:40 P. M.
The principal cause of death and related causes of importance were as follows:

Coronary artery occlusion
Angina Pectoris

Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical Yes 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) Lindsay S. Mehl, M. D.
(Address) 1134 Professional Bldg.

[illegible]