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.

33051

1. PLACE OF DEATH

County JACKSON — Registration District No. 899 — File No. 4390

Township SKAW — Primary Registration District No. 1902 — Registered No.

City KANSAS CITY (No. ST. MARY'S HOSPITAL St. Ward)

2. FULL NAME HAROLD E THOMPSON

(a) Residence, No. 3236 ANDERSON St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. HELEN E. THOMPSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 22 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	10	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FEDERAL CASH REGISTER CO.

10. Date deceased last worked at this occupation (month and year) AUGUST 1934

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME GEORGE THOMPSON

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

MOTHER

15. MAIDEN NAME METTIE COMSTOCK

16. BIRTHPLACE (CITY OR TOWN) LEAVENWORTH (STATE OR COUNTRY) KANSAS

17. INFORMANT MRS. HELEN E THOMPSON (ADDRESS) 3236 ANDERSON AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE GREEN LAWN DATE SEPT-29 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 9/28 1934 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 27 1934

22. I HEREBY CERTIFY, That I attended deceased from DEC 15 1933 to Sept 27 1934

I last saw him alive on Sept 27 1934 Death is said to have occurred on the date stated above, at 2:30 P.m.

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

	Date of onset
Multiple abscess R kidney	1/15/33
Peri renal abscess.	
(Non tuberculous)	

Other contributory causes of importance

Drainage peri renal abscess 9/10/34

Name of operation 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) M. J. Wilus, M. D.

(Address) R. Albo Bldg Kansas City