DEC 18 1934

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

Do not use this space.

File No. 39593

Registered No. 5114

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1093
City Kansas City (No. 3524 College St. Ward)

2. FULL NAME Thomas Fay
(a) Residence, No. 3524 College St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1906 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 Minnie B Fay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-5-1861

7. AGE: Years 73 | Months 0 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hatter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burton & Co
10. Date deceased last worked at this occupation (month and year) 3 yrs ago
11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER
13. NAME Michael Fay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Minnie B Fay 3524 College

18. BURIAL, CREMATION, OR REMOVAL
PLACE COLUMBUS OHIO DATE Nov-27 1934

19. UNDERTAKER (ADDRESS) W. Neuermeis Sons Kansas City - Mo.

20. FILED 11-28 1934 M. M. Howe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 23, 1934

22. I HEREBY CERTIFY that I attended deceased from ....., 19.... to ....., 19.... I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Cerebral Apoplexy	
Hypertension	

Other contributory causes of importance: 118C 1/7B2

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) ....., M. D.
(Address) .....

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.