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.

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

MAR 20 1935

Do not use this space.

5441

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1002
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. St Hoseph Hospital St. Ward)

2. FULL NAME John Chas. Thalls
(a) Residence, No. 2416 East 42 St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie J. Thalls
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 12, 1889
7. AGE: YEARS 45 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Service Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Phillips Petroleum Co.
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): Missouri

FATHER
13. NAME: Chas. Thalls
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

MOTHER
15. MAIDEN NAME: Margaret O'Brien
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Mrs. Hattie J. Thalls, 2416 E. 42 St. K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah Cem. DATE Feb. 18-35, 19
19. UNDERTAKER (ADDRESS): C. H. Blackman & Son, Inc., 2825 Indep. Blvd. K.C. Mo.
20. FILED 2/16, 1935 M M Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 15-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935, to Feby 15, 1935.
I last saw him alive on Feby 15, 1935. Death is said to have occurred on the date stated above, at 10:15 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinomatosis of liver c̄ lung metastases	6 mos ago

Other contributory causes of importance: none

Name of operation: Exploratory — Date of Feb
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) Harry L. Jones, M. D.
(Address) Kansas City Mo.

tell 5-