

JUN 24 1935

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

Do not use this space.

16699

1. PLACE OF DEATH

County Jackson  
Township Kew  
City Kansas City

Registration District No. 398  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 2212  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John G. St George Thurtle

(a) Residence, No. 3341 Forest St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 Catherine M. Thurtle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 7 13

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

FATHER 13. NAME Thurtle

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mrs Catherine Thurtle  
3341 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 28, 1935

19. UNDERTAKER (ADDRESS) Wagner Funeral Home  
204 W. Linwood

20. FILED May 28 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 35 19

22. I HEREBY CERTIFY, That I attended deceased from May 24 - 1935 to May 26 - 1935

I last saw him alive on May 25, 1935. Death is said to have occurred on the date stated above, at 6:40 Am.

The principal cause of death and related causes of importance were as follows:  
Emphysema, Pleuritic adhesions Date of onset \_\_\_\_\_  
Hypertrophy of right Ventricle

Other contributory causes of importance:  
Decomposition of heart

Name of operation None 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? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? none  
(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) John H. Keenan, M.D. M. D.  
(Address) 208 1/2 Bright Bldg.

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.

25038-31 = 210 200

4484 High Court Dec 4727