

JUL 2 2 1935

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

Do not use this space.

19991

1. PLACE OF DEATH

County JACKSON Registration District No. 399 File No. 2536  
Township RAW Primary Registration District No. 1669 Registered No. 2536  
City KANSAS CITY (No. 2743 GARFIELD: 2ND FLOOR St. \_\_\_\_\_ Ward)

2. FULL NAME MRS. JOSEPHINE THAYER

(a) Residence, No. 2743-GARFIELD St. \_\_\_\_\_ Ward. (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF GEORGE BRAINARD THAYER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 27-1869

7. AGE YEARS 65 MONTHS 8 DAYS 29 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) JESSUP IOWA

13. NAME ALONZO GRISWOLD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

15. MAIDEN NAME GILL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FORT WAYNE INDIANA

17. INFORMANT (ADDRESS) MR. GEORGE BRAINARD THAYER 2743-GARFIELD AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE 28-1935

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

20. FILED 6/28 1935 M.M. Grove Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 26 1935

22. I HEREBY CERTIFY, That I attended deceased from MAY 20 1935 to JUNE 26 1935  
I last saw her alive on JUNE 25 1935 Death is said to have occurred on the date stated above, at 2:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial stenosis and Regurgitation Date of onset 1928  
Chronic  
Other contributory causes of importance: Chronic

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? NO  
If so, specify \_\_\_\_\_  
(Signed) J. Leland Long, D.D. M. D.  
(Address) 532 1/2 11th St. Kansas City, Mo.

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.

532 Altman Bldg. 103 E. 11<sup>th</sup> St. N.Y.

12:30. 5