

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.

AUG 12 1935

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

Do not use this space.

23152

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Precinct or Section or District No. 100 File No. _____
 City Kansas City (No. St. Louis Hospital) Registered No. _____ St. _____ Ward _____

2. FULL NAME Matthew Thurston
 (a) Residence, No. 1811 1/2 Vine St. Ann Ward. _____
 (Usual place of abode) (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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 30/1/87

7. AGE YEARS MONTHS DAYS If LESS than 1 day; hrs. or min.
64 9 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Versailles, Mo.

MOTHER
 13. NAME Geo. Thurston
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
 15. MAIDEN NAME Julie Clisan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT K. C. T. B. Hospital
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Leeds Cemetery DATE 6/19/35

19. UNDERTAKER Thos. A. O'Connell
 (ADDRESS) 122 E. Brown

20. FILED July 18 1935
M. W. C. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934 to July 17, 1935
 I last saw h.i.m. alive on July 27, 1935 Death is said to have occurred on the date stated above, at 8:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset _____
Bronchopneumonia fistula
 Other contributory causes of importance:
None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum Was there an autopsy? no

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. Hoffman _____, M. D.
 (Address) K. C. T. B. Hospital
Leeds, Mo.

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