

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

Do not use this space.

SEP 25 1935

26464

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 1110  
Primary Registration District No. 5820 Thomson Ave  
(No. 5820 Thomson Ave)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
Ward \_\_\_\_\_

**2. FULL NAME Ina E Thomson**

(a) Residence, No. 5820- Thomson Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Norris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27/1877</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>3</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)		
13. NAME <u>No Record</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>!!</u> (STATE OR COUNTRY) <u>!!</u>		
15. MAIDEN NAME <u>!!</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>!!</u> (STATE OR COUNTRY) <u>!!</u>		
17. INFORMANT <u>John W. Norris</u> (ADDRESS) <u>5820- Thomson Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hill's</u> DATE <u>Aug/13 1935</u>		
19. UNDERTAKER <u>Sheil Funeral Home</u> (ADDRESS) <u>6606 Independence Ave</u>		
20. FILED <u>8-13</u> <u>J. M. M. Crouch</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-3-1935 to 8-10-1935

I last saw him alive on Aug 10-1935 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

acute dilatation of heart  
Chronic myocarditis  
Cerebral hemorrhage  
arteriosclerosis

Date of onset 8-10-35

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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. Conroy Anderson, M. D.  
(Address) 6520 Dupont Ave

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.

