SEP 16 1935

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

Do not use this space.

29531

1. PLACE OF DEATH
County: Jackson — Registration District No.: 390 — File No.:
Township: Raw — Primary Registration District No.: 1402 — Registered No.: 1259
City: K.C., Mo (No. Benage Baptist Hos. St. Ward)

2. FULL NAME: Essie Mae Thompson

(a) Residence, No. 1730 Campbell St., 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: F
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 3 1916

7. AGE: Years 19 — Months 7 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Office Work
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): K.C. Mo

FATHER
13. NAME: Wm Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock Arkansas

MOTHER
15. MAIDEN NAME: Nora Gunter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ft Smith Arkansas

17. INFORMANT (ADDRESS): Mrs Nora Norton 1730 Campbell

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge — DATE: 9/13/35 .19

19. UNDERTAKER (ADDRESS): J. H. Moore 1820 E 18 St

20. FILED: 9-11 .35 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/10/35 .19

22. I HEREBY CERTIFY, That I attended deceased from Injury Crush .19 to .19
I last saw h. alive on 1/30 .19 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:

	Date of onset
Automobile traumatism	
Rupture of the spleen	

Other contributory causes of importance:

Name of operation: 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? Accident Date of injury 9/10/35 .19
Where did injury occur? Hwy 40 Mile Pt (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury: Car overturned
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address)

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.