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

DEC 17 1935

Do not use this space.

35493

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township Fishing River — Primary Registration District No. 3011 — Registered No.
City Veterans Administration Facility, Excelsior Springs Mo. (No. St. 3d Ward)

2. FULL NAME THOMPSON, Alfred
(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. (Usual place of abode) Kansas City, Missouri (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1870
7. AGE: Years 65, Months 0, Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson County, Tenn

FATHER
13. NAME Stephen Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson County, Tenn.

MOTHER
15. MAIDEN NAME Annie Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson County, Tenn.

17. INFORMANT (ADDRESS) Hospital Records
18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery / Ft. Leavenworth, Kans DATE 11-4-35, 19
19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Springs, Mo.
20. FILED 4-1, 1935 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1935
22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935, to November 1, 1935
I last saw him alive on November 1, 1935. Death is said to have occurred on the date stated above, at 1:50a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general;	
Arteriosclerotic nephritis	
(chronic interstitial)	

Other contributory causes of importance:

Name of operation None — Date of --
What test confirmed diagnosis Exam & Obs. 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) H. C. HARDEGREE, MD, CLINICAL DIRECTOR
(Address) Vets. Adm. Facility Excelsior Springs, Missouri

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.

OCT 21 1946