

23 1935

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

Do not use this space.

39868

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1002
City Kansas City (No. K.C. Gen Hosp) St. _____ Ward _____

File No. _____
Registered No. 5015

2. FULL NAME

(a) Residence, No. 3312 Campbell Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
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) 12-29-35
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) K.C.
(STATE OR COUNTRY) Mo.

FATHER
13. NAME Carl Thompson

14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Marcella Mansfield

16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Rebecca Clark
(ADDRESS) K.C. Gen. Hosp 12C Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 1-3-36 19. _____

19. UNDERTAKER Pete B. Lopatka
(ADDRESS) 536 Campbell

20. FILED 12/31 19. 1935 Mo Green
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1935, to 12-30, 1935
I last saw him alive on 12-30, 1935. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

Prematurity - Peritonia
Shock Date of onset _____

Other contributory causes of importance: 15A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) [Signature], M. D.

(Address) 12C K.C. Gen Hosp

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.

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