

JUL 24 1936

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

Do not use this space.

22915

1. PLACE OF DEATH

County **Jackson**  
Township **Kaw**  
City **Kansas City**

Registration District No. **399**  
Primary Registration District No. **1002**  
(No. **St. Lukes Hospital**)

File No. **2847**  
Registered No. **2847**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Mrs Amy Buena Thompson**

(a) Residence, No. **2446 Indiana Ave.** St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred **10** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 24, 1903**

7. AGE YEARS **32** MONTHS **9** DAYS **16** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Typist-John**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Deere Plow Co.**

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) **Ohio**

13. NAME **George Morrison**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Iva McIntosh**

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

17. INFORMANT (ADDRESS) **Mrs. Bessie Insko Cincinnati, Ohio**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Newport, Kentucky June 12, 1936**

19. UNDERTAKER (ADDRESS) **Freeman Mortuary & Chapel Kansas City Missouri**

20. FILED **6-12-36 M.M. Crowe, Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 10, 1936**

22. I HEREBY CERTIFY, That, I attended deceased from **5/10/36**, 19\_\_\_\_, to **6/10/36**, 19\_\_\_\_  
I last saw him alive on **6/10/36**, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **10:30 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Pneumonia**  
**1452**  
Other contributory causes of importance **Primary appendicitis at Sulpain's camp**  
Name of operation **Lap** Date of **6/9/36**  
What test confirmed diagnosis? **Lap** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** 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) **H. A. C. [Signature]**, M. D.  
(Address) **1500 [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.

Dr. Harold H. H. H.

1200 Professional Bldg

2-4 P. M.

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

Do not use this space.

1. PLACE OF DEATH Jackson Registration District No. 399 File No. \_\_\_\_\_  
 County Jackson Primary Registration District No. 1002 Registered No. 2847  
 Township \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 City H. C. Mo (No. \_\_\_\_\_) \_\_\_\_\_

2. FULL NAME Mrs Amy Buena Thompson  
 (a) Residence, No. \_\_\_\_\_ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than day, or  
32 9 16

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.  
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS)

20. FILED 6/12/36 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 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:

*Supplemental*  
1454  
 Other contributory causes of importance:  
Recurrent Appendicitis  
RT Salpingitis  
and pneumonia.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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. P. Wiley, M. D.  
 (Address) 5000 E. Bldg

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.

S-22915