

JUL 24 1936

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

Do not use this space.

23067

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township New Primary Registration District No. 1002
 City Kansas City (No. 3223) Charlotte St. 3000 Ward)

2. FULL NAME Olivia Thompson
 (a) Residence, No. 3223 Charlotte St. 3000 Ward. (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 fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 9 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Mrs. Mc Gill

13. NAME Lorgane Mc Gill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Nancy Mc Law

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) L. M. Thompson 3223 Charlotte, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 26-36

19. UNDERTAKER (ADDRESS) Mrs. L. R. Foster 918 Broadway, Kansas City, Mo.

20. FILED of 25 1936 M. M. Cronin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1932, 1932, to June 23, 1936. I last saw her alive on June 23, 1936. Death is said to have occurred on the date stated above, at 1 P. M. on 24th. The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation & finally Cerebral thrombosis

Date of onset

Other contributory causes of importance:
Cancer on side of left eye

Name of operation 13 Date of

What test confirmed diagnosis? 13 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 13 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 13
 Nature of injury 13

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Mattew H. Wilson, M. D.
 (Address) 3524 Maryland St

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. [unclear]
Walter

3524 Wyandotte

We - 3651

6: till 6:30