

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

Do not use this space.

AUG 18 1936

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo. (No.)

Registration District No. 198
Primary Registration District No. 3011

File No. 25938
Registered No.
St. 3d Ward

2. FULL NAME THOMPSON, Edward P.

(a) Veterans Administration Facility, St. 3227 Donnelly Rt. #6
(Usual place of abode) Excelsior Springs, Mo. Ward. Kansas City, Mo.
Length of residence in city or town where death occurred yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 1 13

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

12. BIRTHPLACE (CITY OR TOWN) Jackson Co., Mo. (STATE OR COUNTRY)

FATHER 13. NAME William Thompson

FATHER 14. BIRTHPLACE (CITY OR TOWN) Jackson Co., Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Reamey

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Clay Co., Mo. (STATE OR COUNTRY)

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 7-15-36

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Sprgs, Mo.
Mrs. C. L. Forster, Kansas City, Mo.

20. FILED 7-15-36 1936 Mrs. R. M. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1936, 19... to July 15, 1936, 19...
I last saw him alive on July 15, 1936, 19... Death is said to have occurred on the date stated above, at 11:09 a.m.
The principal cause of death and related causes of importance were as follows:

Hypertrophic cirrhosis of the liver
124621
Other contributory causes of importance: none

Name of operation Cholecystectomy Date of 6-1-36
What test confirmed diagnosis? Exam. Obs. 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 — Cyril Dauterive
(Signed) JOSEPH DAUKSYS, MD., Act. Clin. Director
Veterans Administration Facility
(Address) Excelsior Springs, Mo.

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.

RECORD WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

