

DEC 20 1936

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

Do not use this space.

41288

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Research Hospital) St. _____ Ward)

File No. _____
 Registered No. 4098
 St. _____ Ward)

2. FULL NAME James O. Thompson

(a) Residence, No. 2307 Chestnut Street St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 77 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rock Island

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor

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) Canada13. NAME John Thompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Lucinda Michaels16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) Mrs. Leonard Swanson 3511 Cherry Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE Nov. 14, 1936

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Missouri20. FILED Nov 13 1936 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 193622. I HEREBY CERTIFY, That I attended deceased from 10-21-, 1936, to 11-13-, 1936

I last saw him alive on 11-13-, 1936. Death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cadaveric 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) W. B. Steinhilber, M. D.
 (Address) 924 Prof. Bl. R. C. 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.

H. Dorsey Black
Professional Bill