

MAY 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kraw
City Kansas City (No. St. Vincent's Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 47597
Registered No. 21
Ward 21

2. FULL NAME

Infant born to Mrs. Horace Orville Thorpe

(a) Residence, No. 3134 Jefferson St., 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 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) Feb 25, 1936

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

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) (STATE OR COUNTRY) Kansas City Mo.

13. NAME Horace Orville Thorpe

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

15. MAIDEN NAME Beatrice Mary Bushnell

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

17. INFORMANT (ADDRESS) Horace Orville Thorpe 3134

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville German Cemetery DATE Feb 26, 1936

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. 1st St.

20. FILED 776 19 36 M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-25-36, 1936, to _____, 19____.

I last saw h. _____ 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:

Stillborn
Dead in utero

Date of onset

Other contributory causes of importance:

Dry labor
Shoulder Presentation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) Geo F. Sinton, M. D.

(Address) 932 17th 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.

