

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

MAY 15 1937

15115

1. PLACE OF DEATH  
 County Ladson Registration District No. 399  
 Township Kear Primary Registration District No. 1002  
 City Kansas City (No. KC General Hosp) St. Mo. Ward 1001

2. FULL NAME John Thompson  
 (a) Residence, No. 20 1/2 W. Missouri Ward. 1001  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 5 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>71</u>	<u>02</u>	<u>9</u>	<u>9</u>	

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

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) Norway

13. NAME James Thompson

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

15. MAIDEN NAME Burdie Vincent

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

17. INFORMANT Reverend Clerk  
(ADDRESS) 12 Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Truist DATE 4-7-1937

19. UNDERTAKER Smith + John  
(ADDRESS) 20 West General

20. FILED Apr 6 1937 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30-1937 to 4-4-1937, 1937  
 I last saw him alive on 4-4-1937, 1937 Death is said to have occurred on the date stated above, at 3:40 PM  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia Date of onset 124 51  
Arteriosclerosis of Livers  
Subdural Hematoma

Other contributory causes of importance  
Arteriosclerosis of Livers  
Subdural Hematoma

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) P. H. De Maria, M. D.  
 (Address) Supt KC Gen Hosp KC 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.

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