REC'D APR 17 1939

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

9793
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 299
Primary Registration District No. 1002
Registered No. 1399
(d) Street No. 4320 - E - 10th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
5 25

2. PRINT FULL NAME Catherine Thomson
(a) Residence, No. 4320 - E - 10th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Thomson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-30-1866
7. AGE: Years 72 | Months 6 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Missouri

FATHER
13. NAME John McGee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Isabelle Driscoll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Bessie Breedlove
(ADDRESS) Kingman Ariz
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE April 1, 1939
19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Foster
(ADDRESS) 918 - Brooklyn K.C. Mo
20. FILED Apr 1, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1938, to March 31st, 1939
I last saw him alive on March 31st, 1939. Death is said to have occurred on the date stated above, at 5:26 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	7-15-38
Hemiplegia Right Side	
Chronic Glomerulo Nephritis	
131	
Other contributory causes of importance:	
Terminal Bronchopneumonia	3-22-39
Right Lung	

Name of operation No Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury —, 19..
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) H V Cordry M.D., M. D.
(Address) 805 Elmwood ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed Dengil Browning

Licensed Embalmer No. 2724

P. O. Address 918 Brooklyn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.