

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City Mo (No. 53<sup>rd</sup>)

Registration District No. 399  
Primary Registration District No. Little Sisters of Poor

File No. 33153  
Registered No. 4386  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Thorpe  
(a) Residence. No. 53<sup>rd</sup> & Highland ave St. 15 Ward.

(Usual place of abode) Name of the aged (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 1930 yrs. Octob. mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widowed

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

Joseph Thorpe

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 23 1864

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>1</u>	<u>25</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**10. NAME OF FATHER**

Louis Leacy

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER**

Martha Wilkinson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14.**

INFORMANT Little Sisters of the Poor  
(Address) 53<sup>rd</sup> & Highland av.

**15.**

FILED 10/29, 1930 M. M. Crover REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** October 28 1930

**17. I HEREBY CERTIFY**, That I attended deceased from Oct 15, 1930, to Oct 28, 1930, that I last saw him alive on Oct 25, 1930, and that death occurred, on the date stated above, at 10:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS**

Chronic Nephritis  
131  
97  
(duration) 2 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

arteriosclerosis  
(duration) 2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

12/4/29  
NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?**

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Paul W. D. Ruff M. D.  
10/29, 1930 (Address) 338 Lathrop

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

St. Marys 10/30 1930

**20. UNDERTAKER**

**ADDRESS**

Duirk & Robin Co - 204 Linwood

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.

