

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.

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

Do not use this space.

29518

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 100
 City Kansas City, Mo. (No. 819 E. 11.) St. _____ Ward _____

2. FULL NAME Nancy Agnes Thomas
 (a) Residence, No. 819 East 11th. St. St. _____ Ward _____
 (Usual place of abode) (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.

File No. _____
 Registered No. 29518

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 F. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
88	1	16	

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

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) Ohio

FATHER 13. NAME Peters Tolan

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Nancy Welch

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. J. W. Simley
 (ADDRESS) 819 E. 11th.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elmwood DATE Aug 24 1934

19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) 3811 Broadway

20. FILED Aug 23 1934 M. T. Larowe
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934 to Aug 22, 1934
 I last saw him alive on Aug 21, 1934 Death is said to have occurred on the date stated above, at 12:30 PM

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

Acute Subacute Cholangitis Aug 5
Acute Cholecystitis Feb 24

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____
 (Signed) Larry L. Jones M. D.
 (Address) Franklin City, Mo

Dr. Harry L. Jones
Argyle Bldg.

2 P.M. to 5 P.M.

Kansas City

WASHINGTON

9937

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Nancy Agnes Thomas
Who died at _____ on Aug 23 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 88 Months 1 Days 15

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Acute Suppurative Cholangitis

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) Ill. Champaign State

Principal cause of death: Suppurative Cholangitis - I did not look inside to see whether she had gall stones

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? X

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician H. L. Jones

Address of physician Argyle Bldg.

(Signature of Registrar) W. M. Crowl Date filed 9/23/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. _____

Very truly yours,

E. T. McLaugh M.D.
S.A.

Primary Reg. Dist. No. _____

Special Agent.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

8-29518

MEMORANDUM

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

[The remainder of the page contains several lines of extremely faint and illegible text, likely representing the body of a memorandum.]

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OFFICE OF THE ATTORNEY GENERAL