

JAN 19 1937

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

Do not use this space.

44653

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Luke's Hospital) St. 5224 Ward 4

2. FULL NAME

Mrs. Lorraine W. Thompson

(a) Residence, No. Ottawa Kans 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS 49 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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

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 C. S. Woodward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex Vermont

15. MAIDEN NAME Harrietta A. Dawson

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

17. INFORMANT (ADDRESS) Geo. B. Thompson Ottawa, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa Kans, DATE 12/3 1936

19. UNDERTAKER Stine & McClure Ind. Co. (ADDRESS) Kansas City, Mo

20. FILED Dec 2 36 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1936, to Dec 1 1936.
I last saw her alive on Dec 1 1936. Death is said to have occurred on the date stated above, at 4:30 P. m.

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

Cancer of jejunum metastatic to peritoneum & recurrent

Date of onset 6/36

Other contributory causes of importance:
Ball wounds & impalement of right bladder

10/10/36

Name of operation cholecystectomy Date of 11/23/36
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 11/23/36, 1936
Where did injury occur? no
(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) P. T. Bohan, M. D.
(Address) Missouri City, 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.

Site Bowen Medical arts