REC'D AUG 7 1939

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

24687
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2
(b) Township Kaw 1
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1007
Registered No. 2900
(d) Street No. 1015 W. 58 Terrace 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.

2. PRINT FULL NAME Alva Otis Thompson
(a) Residence, No. 1015 W. 58 Terrace 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: male
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 Emily McKellar Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-26-1867
7. AGE: YEARS 72 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lumberman
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) Illinois 1

FATHER
13. NAME Robert Jackson Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER
15. MAIDEN NAME Minerva Connett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Paul Hamilton
(ADDRESS) 431 W. 62 K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 7/16 1939
19. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) K.C. Mo.
20. FILED July 17, 1939 M. W. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939
22. I HEREBY CERTIFY That I attended deceased from July 7, 1939, to July 16, 1939
that I last saw him alive on July 15, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage — Date of onset July 7-39
Edw
Other contributory causes of importance:
Cirrhosis - Toleranced and hypertension — Several years
Name of operation ..... Date of ....
What test confirmed diagnosis? ..... Was there an autopsy? No
History and physical exam

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) J. V. Bell M. D.
(Address) 11 Professional Bldg. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. B. Waters

Licensed Embalmer No. 3992

P. O. Address K C Mo

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.