

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

Do not use this space.

27797

File No. \_\_\_\_\_  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Liberty Registration District No. 201  
Township \_\_\_\_\_ Primary Registration District No. 3017  
City Liberty (No. 224 S. Carel St.)

**2. FULL NAME**

(a) Residence, No. 224 S. Carel 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1866 about

7. AGE Years 65 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Mo

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Geo Thompson (ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE Aug 29 1931

19. UNDERTAKER H.B. Moore (ADDRESS) Kansas City Mo.

20. FILED 9/10/31 19 Wm G. Goodson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29 1931

22. I HEREBY CERTIFY, That I attended deceased from June 30 1931, to \_\_\_\_\_, 19\_\_\_\_

I last saw her alive on Aug 26 1931. Death is said

to have occurred on the date stated above, at 2:55 PM.

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

Fracture of Femur, obtained in a fall on step of her home June 30 1931

Other contributory causes of importance:

Old age - Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 30 1931

Where did injury occur? In home in Liberty Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In home

Manner of injury Fall

Nature of injury Fracture of Left Femur, shaft

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Wm G. Goodson, M. D.

(Address) Liberty, Mo.

SEP 22 1931

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.

