

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

Do not use this space.

17016

PLACE OF DEATH
 County Tex Registration District No. 18
 Township Mountain Grove Primary Registration District No. 6139
 City Mountain Grove St. _____ Ward _____
 2. FULL NAME Charles Ruddy Thompson
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 matie no farther
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 | 87 | 00
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work merchant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Belle Missouri
 (STATE OR COUNTRY)
 10. NAME OF FATHER Frank Lee M Thompson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belle Missouri
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Rogers
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)
 14. Informant Bro Mattie Thompson
 (Address) Mountain Grove Mo
 15. FILED 445-19-29 C. C. Francis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1929
 17. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____, that I last saw _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
11A
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) Influenza in Dec. 1928
Indefinite
 (duration) _____ yrs. _____ mos. _____ da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No. _____ DATE OF _____
 WAS THERE AN AUTOPSY? No. _____
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical only
 (Signed) A. B. Ames, M. D.
Apr. 11, 1929 (Address) Mountain Grove Mo
 *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 Rosedale Cem - near DATE OF BURIAL April 10 1929
Belle Mo
 20. UNDERTAKER N R Batten Mountain Grove
 ADDRESS

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.

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MAY 29 1929

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