MAY 27 1930

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

Do not use this space.

13191

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Lewis

Township La Belle

City La Belle (No. ..... St. ..... Ward)

Registration District No. 479

Primary Registration District No. 4288

2. FULL NAME Meredith D. Thompson

(a) Residence. No. ..... 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: 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~~ May E. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 1847

7. AGE: Years 82 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Lewis Co Mo

PARENTS

10. NAME OF FATHER Jackson Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Ann Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs Mary E. Thompson
(Address) La Belle Mo

15. FILED 4/30, 1930 J. L. Bourn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1930

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1930, to April 26, 1930, that I last saw h. i. alive on April 26, 1930, and that death occurred, on the date stated above, at 4 - a - m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Sec 96
Sec 96
Sec 96
(duration) Years Months

CONTRIBUTORY (SECONDARY) Acute Indigestion
(duration) ✓ yrs. ✓ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED At place of death
IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Sign

(Signed) C. H. Lillard, M. D.
, 19 (Address) La Belle 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: La Belle Cemetery — DATE OF BURIAL 4/30 1930

20. UNDERTAKER James T. Carden — ADDRESS La Belle 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD