

MAR 23 1931

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

Do not use this space.

4789

1. PLACE OF DEATH
16 County Cape Girardeau Registration District No. 124
Township Payson Primary Registration District No. 5179
City New Johnson mo. (No. _____) St. _____ Ward _____

2. FULL NAME Samuel Jacob 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 Martha Ann Knicker Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 4 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Cardanville Mo.
13. NAME Hy Lee Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardanville Mo.
15. MAIDEN NAME Hannah Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Mr. Jacob Thompson Jackson Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson cemetery Mar 2 1931
19. UNDERTAKER (ADDRESS) W. B. Conkle 225 N. 4th St. Jackson Mo.
20. FILED 3-23-31 D. G. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1931
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Feb 28, 1931
I last saw him _____, 19____. Death is said to have occurred on the date stated above, at _____ in _____.
The principal cause of death, and related causes of importance were as follows:
Date of onset _____
With a history of rheumatism at intervals throughout his life, the death is reasonable to assume that death was due to a cardiac lesion. The immediate cause was treated by a physician for many years.
Other contributory causes of importance _____
Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
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) B. W. Hays, M. D.
(Address) Jackson, Mo.

N. B.—Every item of information should be carefully supplied. A statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100
100
100