1865 6 23

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

Do not use this space.

JUN 29 1931

1. PLACE OF DEATH
County St Francois
Township Perry
City ~~Bonne Terre~~ Mo
Bonne Terre Hospital

Registration District No. 775
Primary Registration District No. 6020

File No. 19112
Registered No. 27

(No. ..... St. ..... Ward)

2. FULL NAME Samuel Thompson

(a) Residence. No. Leadwood Mo 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: Husband of Martha C. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1865 7/23

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	10	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Justice of Peace
(b) General nature of industry, business, or establishment in which employed (or employer): at Leadwood Mo
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iron County
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) U
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Elizabeth Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs. Less Robinson
(Address) Frank Clay Mo.

15. FILED 5/28 1931 T. A. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1931

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 27, 1931, that I last saw him alive on May 26, 1931, and that death occurred, on the date stated above, at 6 45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Right lobar pneumonia
(Post-operative)
176
108
1378
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cholecystectomy
(duration) ..... yrs. ..... mos. 6 ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Leadwood Mo
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 5/24/31.
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) David E. Smith, M. D
5/28, 1931 (Address) Bonne Terre 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: Grondale Cemetery
DATE OF BURIAL: May 29 1931

20. UNDERTAKER: Bert L. Boyer
ADDRESS: Leadwood Mo

Name: Samuel Thompson

Who died at: St. Francois Co. on May 27, 1931

Residence; No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

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CAUSE OF DEATH: Right Lobar Pneumonia
(Post Operative)

Contributory: Dr. Smith reports gall stones as the cause for operation of Cholecystectomy

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Dr. David E. Smith

Address of physician: Bonne Terre, Mo. Information furnished by Dr. Smith, through Dr. T. A. Son, Local Registrar.

The information is sought for statistic[illegible] [illegible]poses. Prompt return of

[illegible]-5
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