

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

Do not use this space.

27798

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. _____)

Registration District No. 201
Primary Registration District No. 3017

File No. _____
Registered No. 73
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Thompson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8-1871</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>8</u>	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>1 yr ago</u>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aldwell Co. Mo</u>				
MOTHER	13. NAME <u>Joseph Thompson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
	15. MAIDEN NAME <u>Rachael Pridan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
17. INFORMANT (ADDRESS) <u>Mrs. J. Roy Thompson Liberty, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo</u> DATE <u>Aug. 30, 1931</u>				
19. UNDERTAKER (ADDRESS) <u>Church-Greer Co Liberty, Mo</u>				
20. FILED <u>9/10/31</u> 19 <u>31</u> <u>Wm Goodson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to _____, 19____. I last saw him alive on Aug 27, 1931. Death is said to have occurred on the date stated above, at _____ 8:15 a.m.

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

Cerebral Haemorrhage

Date of onset

Other contributory causes of importance:

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? _____ 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? _____
If so, specify _____
(Signed) Wm Goodson, M. D.
(Address) Liberty, Mo

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.

SEP 22 1931

