

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

Do not use this space.

**22417**

File No. \_\_\_\_\_  
Registered No. 26

1. PLACE OF DEATH  
 3 5 County Dunklin Registration District No. 282  
 2 Township Union Primary Registration District No. 4166  
 2 City Campbell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Charles S. 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 5 11

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

9. BIRTHPLACE (CITY OR TOWN) Campbell MO.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Jeroy Thompson

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Bessie French  
 (Address) Campbell Mo

15. FILED 7/10, 1932 Benjamin D. Fogay  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1932

17. I HEREBY CERTIFY That I attended deceased from July 8 1932 to July 9 1932 that I last saw him alive on July 9 1932 and that death occurred, on the date stated above, at \_\_\_\_\_ p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralytic stroke probably  
Cerebral hemorrhage

(duration) yrs. mos. ds. 2 4 0  
 CONTRIBUTORY Arthritis deformans  
 (SECONDARY) (duration) yrs. mos. ds. 24 0 0

18. WHERE WAS DISEASE CONTRACTED At home  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) W. J. Rutledge, M. D.  
79, 1932 (Address) Campbell 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 Elder Cem - DATE OF BURIAL 7/10 1932

20. UNDERTAKER No ADDRESS \_\_\_\_\_

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.

AUG 23 1932

