

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

Do not use this space.

36555

1. PLACE OF DEATH

74 County Madison
Township Adrian
City _____ (No. _____) _____ (Ward)

Registration District No. 619
Primary Registration District No. 5471

File No. _____
Registered No. 118

FULL NAME

Lark F. Thompson
(a) Residence. No. _____ St. _____ Ward. St. Joseph Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 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 Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24 - 1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>7</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Worlton Toilet Factory (Madison Mo.)
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Paga Ct. Iowa

10. NAME OF FATHER Jessie Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Andrew Co. Mo.

12. MAIDEN NAME OF MOTHER Biddy Bridgman

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

14. INFORMANT Lark Thompson (Address) St. Joseph Mo.

15. FILED Nov 23 1932 H. H. May REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1932

17. I HEREBY CERTIFY, That I attended deceased from 11-8-1932, to 11-22-1932 that I last saw h. not alive on 11-22-1932, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy;
Chronic - Renal Disease
Ch. Myocarditis - Ch. Nephritis
(duration) 5 yrs. _____ mos. _____ ds.

CONTRIBUTORY Arterio Sclerosis (SECONDARY) 95%
(duration) _____ yrs. _____ mos. _____ ds.

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) Richard B. Bridgman, M. D.

Nov 23 1932 (Address) St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or if 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 _____ DATE OF BURIAL _____

St. Joseph Cemetery, Paga Co. Ia. 11-24-1932

20. UNDERTAKER O. D. Walton ADDRESS Bondville

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.

THIS IS A PERMANENT RECORD

