

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

Do not use this space.

34185

1. PLACE OF DEATH

County Ray co.
Township Unionville
City _____ (No. _____) St. _____ Ward _____

Registration District No. 915
Primary Registration District No. 6236

File No. _____
Registered No. 8

2. FULL NAME Herbert Hoover 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. 6 mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
	<u>4</u>	<u>7</u>	<u>7</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmira, Mo.

FATHER 13. NAME J. T. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmira, Mo.

MOTHER 15. MAIDEN NAME Nellie Summers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quitman

17. INFORMANT (ADDRESS) Grafton Kern
Polo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cem DATE Oct. 11, 1933

19. UNDERTAKER (ADDRESS) W. B. M. Pomeroy
Highland Mo

20. FILED Oct 11, 1933 Mrs. Virginia Showalter
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1933 to Oct. 10, 1933

I last saw him alive on Oct. 10, 1933 Death is said

to have occurred on the date stated above, at 3 P.M.

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

Diphtheria
Acute toxic myocarditis
10 (Diphtheritic)
GPA

Date of onset
9-25-33
10-5-33

Other contributory causes of importance
Inanition

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? No

If so, specify _____

(Signed) L. E. Goldberg, M. D.
(Address) Polo, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

