

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

Do not use this space.

40775

**1. PLACE OF DEATH**

County Mississippi Registration District No. 567  
 Township James Primary Registration District No. 5763  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 98

**2. FULL NAME**

(a) Residence, No. Anniston, 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 M 4. COLOR OR RACE Colored. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Thompson.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 1893  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
40 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sucumbia, Alabama

13. NAME Two Thompson.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Unknown.

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

17. INFORMANT Anna Thompson.  
 (ADDRESS) Anniston, Mo., Rt. 2.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinhook Cem. DATE Jan. 1 1933

19. UNDERTAKER Travis N. Shelly.  
 (ADDRESS) 6 East Main, Mo.

20. FILED Dec 31 1933 W. E. Hedges  
 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21: DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1933, to Dec 31 1933  
 I last saw him alive on Dec 22 1933 Death is said to have occurred on the date stated above, at 8:20 a.m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset \_\_\_\_\_  
11A  
104A  
 Other contributory causes of importance: Cret. & Ed. Diff.

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) Dr. Vernon, M. D.  
 (Address) Charleston, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*Dr. Vernon.*  
*JAN 26 1934*

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