

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.

JAN 26 1934

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

Do not use this space.

41108

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No.) St. Ward (No.)
 2. FULL NAME John Franklin 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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 3
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining
 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) Dickson Mo
 FATHER
 13. NAME Thomas Thompson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dickson Mo
 MOTHER
 15. MAIDEN NAME Sallie Mance
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dickson Mo
 17. INFORMANT (ADDRESS) Ora Baker Richmond Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery Dec. 10 1933
 19. UNDERTAKER (ADDRESS) C. E. Hay Richmond
 20. FILED 12-9 1933 C. E. Hay Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1933
 I HEREBY CERTIFY, (That I attended deceased from Dec 3 1933 to Dec 8 1933)
 I last saw him alive on Dec 3 1933. Death is said to have occurred on the date stated above, at 11:00 m.
 The principal cause of death and related cause of importance were as follows:
93C
97 95B
Acute Dilated
Chronic Myocarditis
Arterio Sclerosis
 Other contributory causes of importance: (none)
 Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 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) C. E. Hay Registrar
 (Address) Ray Co.

