

MAR 24 1934

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

Do not use this space.

5592

1. PLACE OF DEATH

56 County Lewis Registration District No. 481 File No. 3
Township LaBelle Primary Registration District No. 454A Registered No. 2
City (No. 564313) St. _____ Ward _____

2. FULL NAME James William Thompson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amanda Dice</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1851</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>1</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co., Ky.13. NAME J.W. Thompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Mahala Womack16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT Mrs W. L. Graves.
(ADDRESS) Lewistown, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown, Mo. DATE Feb. 21, 193419. UNDERTAKER James A. Ocker
(ADDRESS) Lewistown, Mo.20. FILED 2/99, 1934 J. C. Brown
J. C. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1934, to Feb. 19th, 1934
I last saw h. alive on Feb. 19th, 1934. Death is said

to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset 131
CHRONIC NEPHRITIS 131
CARDIOVASCULAR RENAL 97
DISEASE, UREMIC POISONING
+ DROPSY 132K

Other contributory causes of importance:
ARTERIO-SCHLEROSIS

Name of operation None Date of _____
What test confirmed diagnosis? Physician's Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 1934

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 X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) A. H. Bileard, M. D.
(Address) LaBelle, Mo.

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.

12 20 82

