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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.

NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township
City Marshall (No. _____)

Registration District No. 796
Primary Registration District No. 3038

38164
File No. _____
Registered No. 146
St. _____ Ward _____

2. FULL NAME

General See 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 15 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 40 1

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

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) Saline Mo
Nelson Mo

MOTHER FATHER 13. NAME Isaac Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Lizzie Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT See Thompson Jr
(ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE Oct - 19, 34

19. UNDERTAKER John Salzer
(ADDRESS) Slater Mo

20. FILED 10/17, 1934 Heley Hoston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 16 - 34

22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1934, to Oct 16, 1934
I last saw him alive on Oct 13, 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:

Cirrhosis of Liver
Bright's Disease
1243

Other contributory causes of importance: 1248 1248 1

Name of operation _____ Date of _____
What test confirmed diagnosis Physical. 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 _____, 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 _____
Nature of injury _____

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

(Signed) W. F. Madison, M. D.
(Address) Marshall Mo.

Date of onset
Don't know
Don't know

