

REC'D OCT 20 1938

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

Do not use this space.

32101

1. PLACE OF DEATH

County DeKalb

Township Grant

City Parisport (No. St. Ward)

Registration District No. 264

Primary Registration District No. 5367

File No.

Registered No.

2. FULL NAME Samford Gideon Thompson

(a) Residence, No. Parisport Mo. St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred about 1 1/2 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 M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31-1859

7. AGE

YEARS 79

MONTHS 3

DAYS 4

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired Farmer

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) Mo.

13. NAME M. G. Thompson

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

15. MAIDEN NAME Nancy Givens

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

17. INFORMANT Marvin Thompson

(ADDRESS) Parisport Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Parisport Mo. DATE Sept. 7 1938

19. UNDERTAKER B. L. Taggart

(ADDRESS) Angier St. Mo.

20. FILED Sept 17 1938

W. H. Kuster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5 1935 to Sept 6 1938

(I last saw him alive on Sept 5 1938 Death is said to have occurred on the date stated above, at 5 a. m.

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

carcinoma of colon

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) W. H. Kuster

(Address) Parisport Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

