

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

DECEASED FEB 24 1939

2901
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 483
 (b) Township Lyon Primary Registration District No. 6647 Registered No. _____
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Irene Johnson Tompkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1854
 7. AGE YEARS 84 MONTHS 8 DAYS — IF LESS THAN 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. stockman
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Williamstown (STATE OR COUNTRY) mo

13. NAME George W Tompkins

14. BIRTHPLACE (CITY OR TOWN) Via (STATE OR COUNTRY) _____

15. MAIDEN NAME Mary Francis Allen

16. BIRTHPLACE (CITY OR TOWN) Williamstown (STATE OR COUNTRY) mo

17. INFORMANT Guy Tompkins (ADDRESS) Lewis town, mo

18. BURIAL, CREMATION OR REMOVAL PLACE Carroll, Mo DATE 1/26 39

19. FUNERAL DIRECTOR James A Coder (ADDRESS) Lewis town, mo

20. FILED Jan 25 1939 ms D. B. Spier Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Jan 25, 1939. I last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 7:12 a.m.
 The principal cause of death and related causes of importance were as follows:

Arterial sclerosis Date of onset _____
99

Other contributory causes of importance: _____

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) W. C. G. Todd M.D.
 (Address) Williamstown Mo
1/3

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.

56

RECEIVED

District Health Officer No. 10

District File Number 10-39-85

Date Filed FEB 7 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)