

Dr. Hill

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18454

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 215
 (b) Township Liberty Primary Registration District No. 5295
 or Jefferson
 (c) City Jefferson (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Lincoln M. Thompson
 (a) Residence, No. Osage City, Mo St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Thompson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-15-1882
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 4 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner sand plant
 9. Industry or business in which work was done, as 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) Bonnots, Mill Mo

FATHER 13. NAME John Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries County, Mo.

MOTHER 15. MAIDEN NAME Eliza Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County, Mo.

17. INFORMANT Mrs. Clara Thompson
 (ADDRESS) Osage City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE June 16-- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jefferson City, Mo

20. FILED June 16 1939 Jacob P. Smith
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939

22. I HEREBY CERTIFY That I attended deceased from Found dead, 19.....
 I last saw him in about (averages), 19..... Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease Date of onset
Probably some symptoms during past year - he received no treatment.

Other contributory causes of importance: none of

Name of operation Autopsy Date of _____
 What test confirmed diagnosis? Autopsy 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) Gas A. Wick M. D.
 (Address) Jefferson City, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Ferd P. Dulle

....., Registered Apprentice No.

working under my personal supervision.

Signed *Ferd P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City*

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.)

If this body is not embalmed, above space should be left blank.