

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

22110

1 PLACE OF DEATH

County Osage,
Township Jinn
or Bonnots mill
Village
or
City (NO. St. Ward)

Registration District No. 1135 File No. 57
Primary Registration District No. 5853a Registered No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

John Thompson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>wh</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>M.</u>
6 DATE OF BIRTH <u>March 15th 1841</u> (Month) (Day) (Year)		
7 AGE <u>86 yrs. 4 mos. 13 ds.</u>		8 IF LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farming.</u> (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Belle, Missouri.</u>		
PARENTS	10 NAME OF FATHER <u>Jonathan Thompson.</u>	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky.</u>
	12 MAIDEN NAME OF MOTHER <u>Mary Rogers.</u>	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Virginia.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 191

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 28 28 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 6-23, 1927, to July 28, 1927, that I last saw him alive on July 25, 1927, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* was as follows:
Cerebral valvular heart disease

(Duration) 6 yrs. ... mos. ... ds.
CONTRIBUTORY
(Signed) L. F. Cruise M. D.
7-29-1927 (Address) Osage City, Mo.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
Cadet Creek Cemetery DATE OF BURIAL
July 30 1927

20 UNDERTAKER
Wynnon Gordon ADDRESS

N. B.—Every item of information should be carefully supplied. It should be stated EXACTLY. The cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia, Anaemia*" (merely symptomatic), "*Atrophy, Collapse, Coma, Convulsions, Debility*" ("Congenital," "Senile," etc.), "*Dropsy, Exhaustion, Heart failure, Haemorrhage, Inanition, Marasmus, Old age, Shock, Uraemia, Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia, PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Osage Registration District No. 1135 File No. 50
 Township Linn Primary Registration District No. 5857a Registered No. 60
 City No. St. Ward

2. FULL NAME John 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-15-1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 4 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

10. NAME OF FATHER Johnathan Thompson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va
 (STATE OR COUNTRY)

14. INFORMANT Mayme Thompson
 (Address)

15. FILED Aug 10 1927 A. B. Peters
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1927
 17. I HEREBY CERTIFY, That I attended deceased from June 23 to July 28, 1927, and that I last saw him alive on July 28, 1927, and that death occurred, on the date stated above, at 2 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart disease
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. J. Cruse, M. D.
 , 19 (Address) Osage City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cadet Creek Cem. DATE OF BURIAL July 30 1927
 ADDRESS

20. UNDERTAKER M. Koetting Bonanza Mill Mo.

INFORMATION. NAME. BE CAREFUL. IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY UNDERSTOOD. PHYSICIANS SIGNATURE. MAIN RECORD. BY LAW. REGISTRA SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE A

SUPPLEMENTARY

S-22-110