JAN 4 1928

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

Do not use this space.

33324

1. PLACE OF DEATH
County Galt. Registration District No. 375 File No.
Township Hickory. Primary Registration District No. 5522 Registered No.
City (No. St. Ward)

2. FULL NAME John Robert Thompson Jr.
(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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29. 1916.
7. AGE Years 11 Months 6 Days 24 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School child 21
(b) General nature of industry, business, or establishment in which employed (or employer) 21
(c) Name of employer 21
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galt Co. Mo.

PARENTS
10. NAME OF FATHER John Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Tilah Rosenberry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mound City Mo.

14. INFORMANT John Thompson
(Address) Mound City Mo.

15. FILED Nov 25 1927 Edith Lent REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1927

17. I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19..., that I last saw h—— alive on ——, 19..., and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Basilar Fracture Due to Accidental fall from horse following collision with auto (duration) Immediate ds.

CONTRIBUTORY (SECONDARY) 185 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex
(Signed) D C Perry Coroner M. D
Nov 25, 1927 (Address) Mound 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 Mt Hope DATE OF BURIAL Nov 25 1927
20. UNDERTAKER Lillyohn Trawford ADDRESS Mound City

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.