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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.

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

Do not use this space.

34415

1. PLACE OF DEATH

County Ball
Township Saline
City Ball (No. 930)

Registration District No. 930
Primary Registration District No. 5862

File No. 34415
Registered No. 34415 St. Ball Ward 1

2. FULL NAME

(a) Residence No. William Henry Thompson St. Ball Ward 1

(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

4. COLOR OR RACE

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

Male White Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 20 1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

84

1

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired about 8 yrs.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Macon Co

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Jim Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT (Address)

Miss B. B. Berry
Monroe City Mo. 642

15.

FILED

11/3 1927

J. E. Floyd

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

Nov. 1st 1927

17.

I HEREBY CERTIFY, That I attended deceased from Oct 20 1927 to Nov 1 1927 that I last saw him alive on October 30 1927, and that death occurred, on the date stated above, at 8:25 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
930
97 913

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.

Not known

19. DID AN OPERATION PRECEDE DEATH?

No

20. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John H. H. Berry M. D.
Nov 2 1927 (Address) Monroe 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

DATE OF BURIAL

Bethelham Semetary

11-3 1927

20. UNDERTAKER

ADDRESS

Wilson and Son Monroe City Mo

