

MAR 1 1928

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

Do not use this space.

5991

1. PLACE OF DEATH

County Ralls  
Township Jasper  
City Abundantia (No. .... St. .... Ward)

Registration District No. 912  
Primary Registration District No. 5960 B

File No. ....  
Registered No. 6

2. FULL NAME

Frank Truman 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

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

anna Thompson

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

10-11-1859

7. AGE

YEARS MONTHS DAYS  
68 4 3  
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Farmer

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

agriculture & stock raising

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

10. NAME OF FATHER

Wm Truman Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14. INFORMANT

(Address)

Ida Julia Jackson  
Vandalia Mo

15. FILED

2/15 1928

Mattie Luqua  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1928, to Feb 14 1928, that I last saw him alive on Jan 12 1928, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cardiac decompensation  
950 (duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

900 (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? None

(Signed) J. O. Russell M. D.

, 19 (Address) Vandalia 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

First Chapel

2-16 1928

20. UNDERTAKER

ADDRESS

J. B. Clark Vandalia Mo

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.

