

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Windsor  
City Windsor (No. \_\_\_\_\_)

Registration District No. 14  
Primary Registration District No. 4211

File No. 8640  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Newton H. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Mattie Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
65 2 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter & Builder  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jamer H. Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Susan Garrett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) North Carolina

14. INFORMANT Mr. C. H. Thompson (Address) Windsor Mo.

FILED 5 1928 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1928, to March 3, 1928, that I last saw him alive on Mar. 3, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial pneumonia following influenza  
11A (duration) yrs. mos. da.

CONTRIBUTORY! (SECONDARY) 11B (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_ (Signed) H. M. Wall, M. D. (Address) Windsor 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 Windsor Mo DATE OF BURIAL March 19 28

20. UNDERTAKER Char A Carter ADDRESS Windsor 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.

1928

