

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

Do not use this space.

19725

1. PLACE OF DEATH
 County Haynes Registration District No. 895
 Township Mill Spring Primary Registration District No. 9197
 City Simon Thompson St. _____ Ward _____

2. FULL NAME Simon 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.

File No. _____
 Registered No. 20

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 Nellie Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 8, 1900

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>28</u>	<u>2</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Reynolds Co Mo.

10. NAME OF FATHER Henry Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Reynolds Co Mo.

12. MAIDEN NAME OF MOTHER Nellie Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Reynolds Co Mo.

14. INFORMANT Simon Thompson's son
 (Address) Fredonia Mo. R. 10

15. FILED 5/17/28 Roy J Owens
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Jan 27, 1928 to May 16, 1928
 that I last saw him alive on May 16, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pulmonary Tuberculosis

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

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Roy J Owens, M. D.
5/17, 1928 (Address) Mill Spring, 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 Mill Spring Cem
 DATE OF BURIAL 5-17-28

20. UNDERTAKER none
 ADDRESS _____

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.

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