

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

Do not use this space *for file*

35850

1. PLACE OF DEATH
 County Vernon Registration District No. 875
 Township Howard Primary Registration District No. 3039
 City Howard (No.) St. Ward (....)

2. FULL NAME Henry Lafayette Thompson
 (a) Residence No. 604 E. Maple 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 M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Alice Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 4 11

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)

9. BIRTHPLACE (CITY OR TOWN) Jacksonville
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Henry L. Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. R. Wickman
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Cohen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from 5 **o'clock** 1928, to 9 **o'clock** 1928
 that I last saw him alive on Oct 6, 1928 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dilatation of the heart
90 W (duration) 0.5 yrs. mos. 5 da.
CONTRIBUTORY (SECONDARY) Coronary Stenosis
unknown (duration) yrs. mos. da.

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?
 (Signed) J. M. Gater, M. D.
18/11, 1928 (Address) Newada, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

14. INFORMANT Alice Thompson
 (Address) 604 E. Maple

15. DIED 10/11, 1928. E. R. King, REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newton Davis Park **DATE OF BURIAL** Oct 9, 1928

20. UNDERTAKER Henry Thompson **ADDRESS** Newada, 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.

