

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

Do not use this space.

10254

39
24 1929
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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.

PLACE OF DEATH
County Frank Registration District No. 318
Township Springfield Primary Registration District No. 2001
City Springfield (No. 828 W. Thompson)
Registered No. 103 St. _____ Ward _____

2. FULL NAME Richard R. Thompson
(a) Residence. No. 828 W. Thompson 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eda Muggelberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 12-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>52</u>	<u>6</u>	<u>20</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2-1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11-1929 to Mar 2-1929 that I last saw him alive on Feb 26-1929, and that death occurred, on the date stated above, at 748 W. _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Stomach
4 to 13 (duration) about 6 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 440 (duration) _____ yrs. _____ mos. _____ ds.

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

1 DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Oper
(Signed) Emmerich, M. D.
3/2 (Address) Springfield 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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Thomas Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margaret Adams

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

14. INFORMANT Mrs. R. R. Thompson
(Address) 828 W. Thompson St.

15. FILED 3/5/29 19 O. B. Horstman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Franklin DATE OF BURIAL 3-4-1929

20. UNDERTAKER W. Horne ADDRESS Walnut Street

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