

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

Do not use this space.

10297

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.

APR 24 1929

PLACE OF DEATH Green
 County.....
 Registration District No. 3/8
 File No.
 Township Springfield County Registration District No. 229 Registered No. 249
 City Springfield (No. Springfield Baptist Hospital) Ward.....
 2. FULL NAME Nathaniel S. Thompson
 (a) Residence. No. Dixon St. No 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 MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929
 17. I HEREBY CERTIFY, That I attended deceased from March 5 1929, to March 17 1929 that I last saw him alive on March 17 1929, and that death occurred, on the date stated above, at 8:30
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Parotid Gland
510
1930/1/9

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 1
 8. OCCUPATION OF DECEASED Farmer
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Parotid Gland
510
1930/1/9
 (duration) yrs. 3 mos. 9 da.
 CONTRIBUTORY (SECONDARY) Suppression of urine
 (duration) yrs. 2 da.

9. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)
 10. NAME OF FATHER Wm. C. Thompson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Dixon Mo
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 14
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) Willis Smith, M. D.
3-18-1929 (Address) Springfield Mo.

14. INFORMANT J. H. Thompson (Address) Dixon Mo.
 15. FILED 3-18-1929 Lon Sharp REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dixon Mo. DATE OF BURIAL March 18 1929
 20. UNDERTAKER Wettinger & Co ADDRESS 1746 Coml Springfield Mo

