

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

Do not use this space.

21 24 1929

18714<sup>a</sup>

1. PLACE OF DEATH

County Linn  
Township Garbace  
City Garbace

Registration District No. 962  
Primary Registration District No. 2675

File No. 18714<sup>a</sup>  
Registered No. 11

2. FULL NAME

James L. Thompson

(a) Residence. No.        St.        Ward.       

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 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 5 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER Rallie Thompson

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

12. MAIDEN NAME OF MOTHER Polly Mallow

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

14. INFORMANT J. L. Thompson  
(Address) Garbace

15. FILED 9-20, 1929 T. L. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1929

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1929, to April 1, 1929 that I last saw him alive on April 12, 1929, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mindal Arteriosclerosis  
79  
510 B / OA  
CONTRIBUTORY Rheumatism  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. E. Minnich M. D.

(Address) Loess Springs 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

Loess Springs Mo DATE OF BURIAL May 8 1929

20. UNDERTAKER

S. L. Peterson ADDRESS Garbace

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.

PERMANENT RECORD

1  
2  
2  
2

