

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

Do not use this space.

29100

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City..... (No. Mississippi River St. Franklin 1st. Ward)

File No.
 Registered No. 8223

2. FULL NAME

Harrison Thompson, Jr. (Col.)
 (a) Residence. No. 1231/2 N. 8th St. 225 Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
9 14

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Harrison Thompson

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

12. MAIDEN NAME OF MOTHER Hattie Thomas

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

14. INFORMANT Hattie Thompson
 (Address) 1231 1/2 N. 8th St

15. FILED Aug 29 1929 Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 5:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Drowning
while in swimming
183 in Mississippi River
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF 1929

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John Stanley M.D.

8/10 1929 (Address) Deputy Coroner

*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

Father Eiton

20. UNDERTAKER

J. Echols

DATE OF BURIAL

8-10 1929

ADDRESS

2702 Luntor

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

