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.

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

Do not use this space.

30149

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1102

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Hiram K. Thomson,

(a) Residence. No. St., Ward. Agency, Missouri,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y. 4, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	54	8	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Agency,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Charles E. Thomson,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

12. MAIDEN NAME OF MOTHER Ella Dittmars,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Audley Thomson
(Address) Agency, Missouri,

15. FILED SEP 20 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed Body, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 8:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured Vertebra and severed Spinal cord, result of Auto accident near Agency Mo.

210 M (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) 188 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 217

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & XRay

(Signed) B. W. Tadlock Coroner, M. D.

9/20, 1929 (Address) St Joseph 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	DATE OF BURIAL
Agency, Mo. via auto	Sept. 21 1929

20. UNDERTAKER	ADDRESS
Heaton-Bt Gole & Bowman	319 S. 10 St

Funeral Home