

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

Do not use this space.

MAY 28 1930

14986

**1. PLACE OF DEATH**

County Salmie Registration District No. 496  
Township Marshall Primary Registration District No. 3038  
City Marshall (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 41

**2. FULL NAME**

Burgess Thompson  
(a) Residence No. \_\_\_\_\_ 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 <u>male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 15 1865</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>		<u>23</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>mo</u> (STATE OR COUNTRY) _____				
PARENTS	10. NAME OF FATHER <u>Nathan Thompson</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____			
	12. MAIDEN NAME OF MOTHER <u>Lizzie Davis</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____			
14. INFORMANT <u>Ella May Thomas</u> (Address) <u>Marshall mo.</u>				
15. FILED <u>4-14-30</u> <u>Med John H. McQuinn</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1930

17. I HEREBY CERTIFY, That I attended deceased from April 8 1930 to April 8 1930 that I last saw him alive on April 8 1930 and that death occurred, on the date stated above, at 12:15 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Lobar Pneumonia  
108  
(duration) \_\_\_\_\_ yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 10/A  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Marshall. mo.  
DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No.  
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.  
(Signed) W. Huddison, M. D.  
, 19 \_\_\_\_\_ (Address) Marshall. 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 <u>Cow Creek Cem</u>	DATE OF BURIAL <u>April 10 1930</u>
20. UNDERTAKER <u>Ferguson &amp; Williams</u>	ADDRESS <u>Marshall</u>

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.

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

