SEP 24 1930

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

Do not use this space.

File No. 26423

Registered No. 633

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. P 001

City Springfield Mo. No. 216 E. State St. Ward)

2. FULL NAME John William Thompson

(a) Residence No. 216 E. State 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: 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: Saresta Jane

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 11, 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	5	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Carpenter

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway Co. Missouri

PARENTS

10. NAME OF FATHER: Wm. H Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No data

12. MAIDEN NAME OF MOTHER: Sarah Dewitt

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

14. INFORMANT: Frankie Thompson
(Address) Springfield Mo.

15. FILED 8/21, 1930 Ron Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 20 — 1930

17. I HEREBY CERTIFY, That I attended deceased from at 5-20 P.M. 8-20, 1930, to ....., 19.... that I last saw him alive on 8-20, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis (as shown by autopsy)

94B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 92 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dont Know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. C. Davidson D.C. ~~M.D.~~

8-21, 1930 (Address) Springfield, 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: Hopkins Missouri

DATE OF BURIAL: Aug 22 1930

20. UNDERTAKER: Alma Lakmeyer Funeral Home

ADDRESS: Springfield Missouri

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.

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