

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

Do not use this space.

26534

1. PLACE OF DEATH
 County Dowell Registration District No. 383
 Township Mountain View, Mo. Primary Registration District No. 334
 City Mountain View, Mo. No. 5226 St. _____ Ward _____

2. FULL NAME Dorcel Wayne Thompson
 (a) Residence No. Mountain View, Mo. 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. 7 da. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-8-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work ✓
 (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) Joplin Missouri

10. NAME OF FATHER Henry Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Joe, Mo.

12. MAIDEN NAME OF MOTHER Martha Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) City Grove, Mo.

14. INFORMANT Henry Thompson
 (Address) Mountain View, Mo.

15. FILED 89 30 19 30 J. J. Gose
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-8-30
 17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1930 to Aug 9, 1930 that I last saw him alive on Aug 7, 1930 and that death occurred, on the date stated above, at 6:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertussis
 (duration) _____ yrs. _____ mos. 4 ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH ✓
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS Typical
 (Signed) Drs. Ferguson, M. D.
 . 19 _____ (Address) Mountain View 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 Grace Church DATE OF BURIAL 8-9-30
 20. UNDERTAKER John F. Duncan ADDRESS Mountain View Mo.

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.

