NOV 21 1930

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

Do not use this space.

29431

1. PLACE OF DEATH
County Clinton — Registration District No. 207 — File No. 18
Township — Primary Registration District No. 4126 — Registered No. 30
City Plattsburg Mo (No. ..... St. ..... Ward)

2. FULL NAME Walter Franklin Thompson
(a) Residence. No. Plattsburg Mo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 yrs. 5 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~~ Married Minnie Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1875

7. AGE: 55 YEARS — MONTHS: 8 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Dry goods clothing shoes Clerking
(c) Name of employer: E. S. Gibson

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass

PARENTS
10. NAME OF FATHER: Walter Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mass
12. MAIDEN NAME OF MOTHER: Julia Peterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mass

14. INFORMANT: Mrs Minnie Thompson
(Address) Plattsburg Mo

15. FILED 11 Oct 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1930

17. I HEREBY CERTIFY, That I attended deceased from April, 1929 to Sept 28, 1930 that I last saw him alive on Sept 28, 1930, and that death occurred, on the date stated above, at Sept 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
936
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 906
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Fluoroscopes
(Signed) P M Steckman, M. D.
Sept 28 1930 (Address) Plattsburg 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: Greenlawn Cemt — DATE OF BURIAL: Oct 1 1930

20. UNDERTAKER: S J Winn — ADDRESS: Plattsburg 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.