

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

Do not use this space.

1807

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3041

File No.
Registered No. 12
St. Ward)

2. FULL NAME

Murl Albert Thompson
(a) Residence, No. 714 N. Madison St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Jettie Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20, 1881</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>11</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night watchman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Picher Lead & Zinc Co</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 6, 1931</u>		11. Total time (years) spent in this occupation. <u>13 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>John Thompson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Jettie Thompson Webb City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope</u> DATE <u>Jan. 30</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Steel Used Co Webb City, Mo.</u>		
20. FILED <u>Jan 29</u> 19 <u>31</u> <u>R. M. Stormont</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1931 to Jan 28 1931
last saw him alive on Jan 18 1931. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 23 A
23
23
Other contributory causes of importance:
23
23

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. M. Stormont, M. D.
(Address) Webb City, Mo.

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

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.

