

MAR 24 1931

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

Do not use this space.

5252

1. PLACE OF DEATH

40 County Grundy Registration District No. 330
Township Jackson Primary Registration District No. 5460
City..... (No..... Ward)

File No.....
Registered No.....
St..... Ward)

2. FULL NAME

Harry Lee Tompson
(a) Residence, No. Trenton, Mo R. P. D. 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. 9 mos. 5 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 1930</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,..... hrs. or..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Infant</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		

MOTHER	13. NAME <u>Hollie Tompson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jawa</u>
FATHER	15. MAIDEN NAME <u>Katharin Haman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>Eva Haman</u> (ADDRESS) <u>812 1/2 Center mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Grove</u> DATE <u>Feb 11 1931</u>	
19. UNDERTAKER <u>M. M. Pass</u> (ADDRESS) <u>812 Center Trenton mo</u>	
20. FILED <u>12 Feb 31</u> <u>E. A. Duffly</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1931 to Feb 11 1931.
I last saw him alive on Feb 10 1931. Death is said to have occurred on the date stated above, at 9:45 AM.
The principal cause of death and related causes of importance were as follows:
Influenza
11B/11B
Other contributory causes of importance:
Influenza meningitis

Name of operation..... Date of.....
What test confirmed diagnosis? None Was there an autopsy? no

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? no
If so, specify.....
(Signed) E. A. Duffly, M. D.
(Address) Trenton mo

Date of onset Feb 4 1931
Date of death Feb 11 1931

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

