

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

Do not use this space.

30528

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 199
St. _____ Ward)

2. FULL NAME

Jonnell Thompson

(a) Residence, No. _____ 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. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>Colored</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>Jesse Thompson</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-15-1913</u>					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>28</u>	<u>10</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Point Mississippi</u>				
	13. NAME <u>Edward Jeddine</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Point Mississippi</u>				
	15. MAIDEN NAME <u>Sarah Adams</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Point Mississippi</u>				
	17. INFORMANT (ADDRESS) <u>Edward Jeddine St. Louis, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL					
PLACE		DATE			
<u>McBoone Mo.</u>		<u>9-20-1931</u>			
19. UNDERTAKER (ADDRESS) <u>Street F. Parker 2900 Columbia Missouri</u>					
20. FILED <u>9/18/31</u> <u>F. C. Suggitt</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to Sept 15, 1931
I last saw him alive on Sept 14, 1931. Death is said to have occurred on the date stated above, at 7:30 a.
The principal cause of death and related causes of importance were as follows:
Pulmonary TB
23A

Other contributory causes of importance:
TB

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) D. A. Moore M. D.
(Address) 712 1/2 S. 2nd

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

OCT 22 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.

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