

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38306

1. PLACE OF DEATH

County MarionRegistration District No. 547Township YPrimary Registration District No. 3079City HannibalNo. 520Willow

File No.

Registered No. 304

St.

Ward)

2. FULL NAME George Orion Thompson(a) Residence, No. 520 Willow St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

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

Emma Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

August 15, 1857

7. AGE

YEARS

74

MONTHS

3

DAYS

10

IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Masonic Temple

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)

Dayton Ohio

13. NAME

David Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

not known not known

15. MAIDEN NAME

Susanne Crebaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

not known not known

17. INFORMANT

Emma Thompson (wife)
(ADDRESS) 520 Willow Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kidderhook, Illinois DATE Nov. 27, 1931

19. UNDERTAKER

Wm. M. Smith
(ADDRESS) 902 Perry, Hannibal, Mo.

20. FILED

Nov 25, 1931 W. E. Cusins

Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, 193122. I HEREBY CERTIFY, That I attended deceased from Feb 1931, to Nov 25, 1931I last saw him alive on Nov 10, 1931. Death is saidto have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis93C109A110A

Other contributory causes of importance:

Chronic empyema thorax following pneumoniaName of operation Thoracoplasty Date of 8-7-31What test confirmed diagnosis? ops 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? no

If so, specify

(Signed) W. E. Cusins

M. D.

(Address) Hannibal Mo

