

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

Do not use this space.

40405  
40315

**1. PLACE OF DEATH**

County Chariton Registration District No. 121  
Township Keystone Primary Registration District No. 5237  
City Keystone No.          St.          Ward         

File No.           
Registered No. 24

**2. FULL NAME**

(a) Residence, No.          St.          Ward           
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**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         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 2 18

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

13. NAME         

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

15. MAIDEN NAME         

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

17. INFORMANT (ADDRESS) Ina Rogers  
Keystone

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick DATE Dec 20 1931

19. UNDERTAKER (ADDRESS) Winkelmeier Bros.  
Keystone Mo.

20. FILED Dec 20 1931 Zettie Sneed  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-15-1931, to 12-19-1931. I last saw him alive on 12-19-1931. Death is said to have occurred on the date stated above, at 8 P. m.

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

Other contributory causes of importance:  
Bright's Disease

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? no  
If so, specify         

(Signed) A. W. Zimmerman, M. D.  
(Address) Keystone

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.

JAN 19 1934

