

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

Do not use this space.

5407

**1. PLACE OF DEATH**

64 County Marion  
2 Township Liberty  
2 City Palmyra (No. ....) (Ward)

Registration District No. 548  
Primary Registration District No. 4323

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

**2. FULL NAME**

George B. Thompson

(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. da. (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)**

single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

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

Jan 22, 1856

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>0</u>	<u>10</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work insurance business  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Palmyra Mo.

**10. NAME OF FATHER**

Wm. H. Thompson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Staunton, Va.

**12. MAIDEN NAME OF MOTHER**

Pauline Bates

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Marion Co. Mo.

**14.**

INFORMANT Moses Thompson  
(Address) Palmyra, Mo.

**15.**

FILED 2-2-32 Gertrude Lee  
19... Deputy REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb. 1st. 1932.

**17.** I HEREBY CERTIFY That I attended deceased from Feb. 1st. 1932 to Feb. 1st. 1932 that I last saw him alive on Feb. 1st. 1932, and that death occurred, on the date stated above, at 8:30 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis

**CONTRIBUTORY (SECONDARY)**

1310

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY..... no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) [Signature] M. D.

Feb. 2nd. (Address) Palmyra, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Greenwood

**DATE OF BURIAL**

2-2-1932

**20. UNDERTAKER**

E. J. Sprague

**ADDRESS**

Palmyra Mo.

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.

FEB 24 1932

WHITE COPY TO BE FILED IN THE DEPARTMENT OF HEALTH WITH OBTAINING INK—THIS IS A PERMANENT RECORD

100