

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

Do not use this space.

9387-1

106

1. PLACE OF DEATH  
 72 County New Madrid Registration District No. 604  
 Township LaFont Primary Registration District No. 5892  
 City Conban, Mo. (No. ....) St. .... Ward .....

2. FULL NAME Roosevelt Thompson  
 (a) Residence, No. .... St. .... Ward .....

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.

File No. ....  
 Registered No. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/31/1907

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
24	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Mississippi 2

FATHER 13. NAME Essex Thompson

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

MOTHER 15. MAIDEN NAME Ellen Rease

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

17. INFORMANT Essex Thompson  
 (ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville, Mo. DATE 3/9/32 19

19. UNDERTAKER (ADDRESS) Wm. J. O'Connell

20. FILED 6/11 1932 Wm. J. O'Connell Registrar. V. 5.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/32 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1932 to 3/5 1932  
 I last saw him alive on 3/8 1932 Death is said to have occurred on the date stated above, at 5 P m.  
 The principal cause of death and related causes of importance were as follows:  
Sabes Pneumonia Date of onset 108  
108

Other contributory causes of importance: (D)

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) Claude M. Ramey M. D.  
 (Address) Portageville, Mo.

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.

JUN 24 1932

9387-1

