

JAN 7 1932

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

Do not use this space.

1. PLACE OF DEATH

9 County Bollinger  
Township Wayne  
City Waynesville (No. 69)

Registration District No. 69  
Primary Registration District No. 5-108

File No. 19  
Registered No. 19  
St. Waynesville Ward 1

2. FULL NAME

(a) Residence, No. William D. Thompson St. Waynesville Ward 1  
(Usual place of abode)  
(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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF never married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7 1849  
7. AGE YEARS 83 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller  
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) June 1932 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME W. D. Thompson

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

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Duke Young

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grainier DATE June 4 1932

19. UNDERTAKER (ADDRESS) Dr. W. D. Thompson

20. FILED 12-30-1932 A. T. Kirkpatrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932 to June 3 1932

I last saw alive on June 1 1932 Death is said to have occurred on the date stated above, at m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Heart Disease  
Date of onset 1918

Other contributory causes of importance: None

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) A. T. Kirkpatrick M. D.

(Address) Waynesville

