

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

Do not use this space.

18988

1. PLACE OF DEATH
 2 County Christian Registration District No. 183
 Township Nixa Porter Primary Registration District No. 4109
 City (No. 5254) St. _____ Ward _____

2. FULL NAME Richard Thompson
 (a) Residence, No. Nixa Mo St. _____ Ward _____
 (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.

File No. 7
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1846</u>				
7. AGE <u>86</u>	YEARS <u>✓</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Wentworth 31</u>				
FATHER	13. NAME <u>Joe Thompson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>✓</u>			
MOTHER	15. MAIDEN NAME <u>✓</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT <u>Rochel Thompson</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bright Cem</u> DATE <u>June 7 1932</u>				
19. UNDERTAKER <u>J. W. Maples</u> (ADDRESS)				
20. FILED <u>Aug 10, 1932</u> <u>Blanche T. Fran</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1932

22. I HEREBY CERTIFY That I attended deceased from Apr 9 1927 to Jan 6 1932, 1932
 I last saw him alive on Jan 2 1932. Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
1927
1932
 Other contributory causes of importance: ①

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physian Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury ✓, 1932
 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) N. B. Hanson, M. D.
 (Address) Nixa 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.

AUG 23 1932

