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

Do not use this space.

22643

File No. .....

Registered No. 44

Registration District No. 328

Primary Registration District No. 5-5-28

1. PLACE OF DEATH

45

County Howard

Township Burton

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Howard Thompson

(a) Residence, No. ..... 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.

AUG 24 1932

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~~ Susie Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23. 1849

7. AGE: Years 83 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Howard Co 1

FATHER

13. NAME Howard Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER

15. MAIDEN NAME Polly Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 3

17. INFORMANT (ADDRESS) Mrs William Thompson Fayette Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Howard Co Mo DATE Aug 1 1932

19. UNDERTAKER (ADDRESS) Joe W Hunter Fayette Mo

20. FILED Aug 1 1932 V. A. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1932

22. I HEREBY CERTIFY That I attended deceased from July 2, 1932 to July 30, 1932

I last saw him alive on July 30, 1932. 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:

	Date of onset
Valvular Heart	
92A	

Other contributory causes of importance: 1

Name of operation None 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) J. H. Hum, M. D.

(Address) Higbee 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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL RECORD.