

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

Do not use this space.

36321

1. PLACE OF DEATH
58 County Rum Registration District No. 502
Township _____ Primary Registration District No. 4305
4 City Marceline (No. _____ St. _____ Ward _____)
4
2. FULL NAME Dr John Davis Thompson
(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF → Mrs Mena Thompson (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. medical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor
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) Mason Co Mo
13. NAME Graville H Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER FATHER
15. MAIDEN NAME Elizabeth Staley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT Roscoe Thompson
(ADDRESS) Causes City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Nov 16 1932

19. UNDERTAKER Jas M Laughlin
(ADDRESS) _____

20. FILED 11/17 1932 A. Polunsky
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1932
22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Nov 14, 1932
I last saw him alive on Nov 14, 1932. Death is said to have occurred on the date stated above, at 12:05 a m.
The principal cause of death and related causes of importance were as follows:

maemia
132A
132B/32
Other contributory causes of importance: maemia
Date of onset: Nov 10

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) [Signature], M. D.
(Address) Marceline 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.

