

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

M. A. Hill
Do not use this space.

27275

1. PLACE OF DEATH

County Platte Registration District No. 668 File No. _____
Township _____ Primary Registration District No. 3032 Registered No. 206
City Sedalia St. _____ Ward _____

2. FULL NAME

Robert Edward Lee Thompson
(a) Residence, No. 505 W 4th St., Ward _____ (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1933

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930 19... to Aug 23 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 1867

What saw him alive on Aug 23 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 7 26

The principal cause of death and related causes of importance were as follows:

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

Senesexia from congested kidney. Date of onset 20/4/33

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 _____

Other contributory causes of importance: none

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

13. NAME Harve Thompson

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

15. MAIDEN NAME Caroline Mergely

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

17. INFORMANT (ADDRESS) Miss R. L. Thompson Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 8/25/33 1933

19. UNDERTAKER (ADDRESS) Thompson Funeral Home Sedalia Mo

20. FILED Aug. 25 1933 Jean Slack Registrar.

operation by same surgeon 2:30 pm on 6/23/33

Name of operation: Chloroform Date of _____

What test confirmed diagnosis: Chloroform Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1933

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 _____

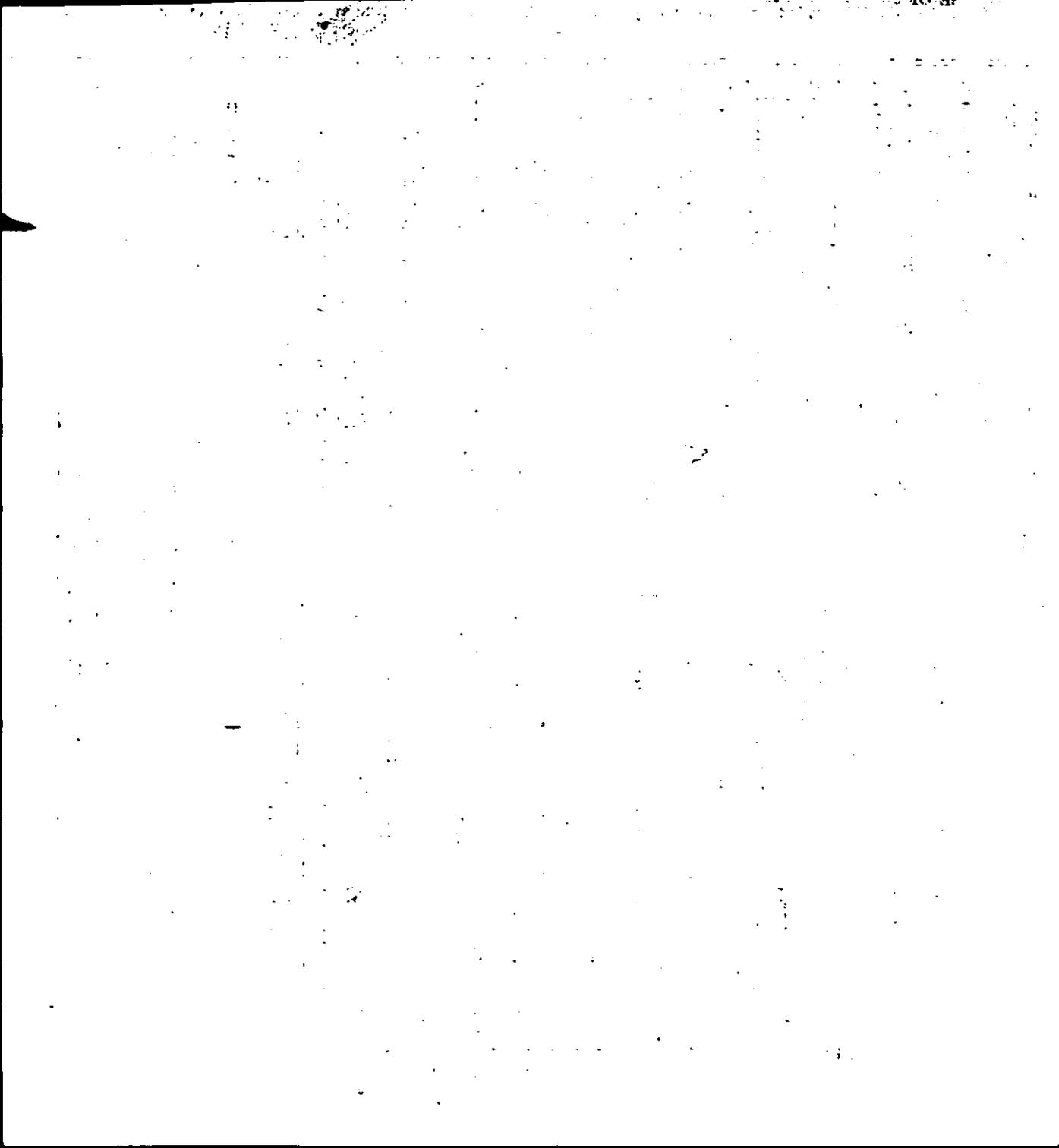
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas. M. Hill M. D.
(Address) Sedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. SEP. 26 1933

MOTHER FATHER 2 2 2



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Rittis

Registration District No. 668

File No.

Township Ledalia

Primary Registration District No. 3032

Registered No.

City Ledalia (No.)

St. Ward)

2. FULL NAME

Robert Thompson

(a) Residence, No. St., Ward.

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Jan 1908 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1908

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw him alive on, 19..... Death is said

to have occurred on the day stated above, at m.

The principal cause of death and related causes of importance were as follows:

Septicemia Date of onset

Other contributory causes of importance:

Operation at Mayo's 6 yrs ago removal of part of kidney
Name of operation Date of operation

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), M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-27275