

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.

OCT 26 1933

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

Do not use this space.

28646

1. PLACE OF DEATH

County Webster
Township W Benton
City (No. _____) St. _____ Ward _____

Registration District No. 901
Primary Registration District No. 6210

File No. _____
Registered No. 11

2. FULL NAME

Loren Phillip Thompson

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>front</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 11 1933</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>5</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

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

13. NAME
J C Thompson

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

15. MAIDEN NAME
Nellie Wheeler

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

17. INFORMANT (ADDRESS)
J C Thompson Rogersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE
Douglas Co Mo Aug 12, 33

19. UNDERTAKER (ADDRESS)
None

20. FILED July 11, 1933 Nellie Atkins Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1933, to 8-10, 1933
I last saw him alive on 8-10, 1933. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:
Cholera infantum
117A
152B
157B
Other contributory causes of importance:
abscesses, boils and ulcers.

Date of onset
aug 5

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 _____ (Address) _____
(Signed) S. O. A. Williams, M. D.
Jordan Mo

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