

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

Do not use this space.

36934

PLACE OF DEATH

County Jasper
Township _____
City Webb City, Mo. (No. _____)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 87 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 803 W. Daugherty 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.

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>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs L. N. Thompson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5, 1859</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>6</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Carpenter</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>California Mo</u>				
FATHER	13. NAME <u>Joseph Thompson</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
MOTHER	15. MAIDEN NAME <u>Nancy Murrell</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Mrs L. N. Thompson</u> (ADDRESS) <u>Eureka Springs Ark</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Webb City</u> DATE <u>Nov 15, 1933</u>				
19. UNDERTAKER <u>Steele Und. Co</u> (ADDRESS) <u>Webb City, Mo.</u>				
20. FILED <u>11-15</u> , 19 <u>33</u> <u>J. H. Gray</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933 to Nov 14, 1933

I last saw him alive on Nov 13, 1933 Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

Cerebral hemorrhage Date of onset 11/7/33

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) R. M. Strout M. D.
(Address) Webb City, 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.

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JAN 4 1934

