

MAR 24 1934

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

Do not use this space.

4414

File No.
Registered No. 2
St. Ward)

1. PLACE OF DEATH

31 County Darless Registration District No. 248
Township Liberty Primary Registration District No. 5344
City (No. St. Ward)

2. FULL NAME

(a) Residence, No. Henny Clay Thompson 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

MEDICAL CERTIFICATE OF DEATH

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 Mariah Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27-1846

7. AGE YEARS 87 MONTHS 9 DAYS 29 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Feb. 1914 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co. Mo.13. NAME Wm Thompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Jane M^{rs} Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Wm Thompson (ADDRESS) Sallath, Mo. R.R. 418. BURIAL, CREMATION, OR REMOVAL PLACE Crab Orchard DATE 2/28-193419. UNDERTAKER H. A. Hope (ADDRESS) Sallath, Mo20. FILED Mrs. L. J. Simons Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26-193422. I HEREBY CERTIFY, That I attended deceased from 2-10- 1934, to 2-26- 1934I last saw him alive on 2-23- 1934. Death is saidto have occurred on the date stated above, at 10 A.M.

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

Chronic Parenchymatous Nephritis Date of onsetOther contributory causes of importance: Senility

Name of operation: Date of:

What test confirmed diagnosis? clinical 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:

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. H. Gardner M. D.(Address) Sallath Mo

Every item of information furnished hereon is necessary for the proper conduct of the vital statistics work of the Missouri State Board of Health. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

