

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.

MAY 25 1934

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

Do not use this space.

12540
152

1. PLACE OF DEATH GREENE
 County GREENE Registration District No. 316
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 1927) Travis St. Travis Ward Travis
 2. FULL NAME Cornelius E. Thompson
 (a) Residence, No. 1927 Travis St., Travis 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 10 1934

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

22. I HEREBY CERTIFY, That I attended deceased from April 4 1934 to April 10 1934
 I last saw him alive on April 10 1934 Death is said to have occurred on the date stated above, at 3:30 pm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1904

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 1 18

Bright Disease Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shops

10. Date deceased last worked at this occupation (month and year) Oct 1 1933 11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

13. NAME James Thompson

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

15. MAIDEN NAME Annie Breading

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

17. INFORMANT (ADDRESS) Mrs. Mittle Brown
Osark Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis cemetery DATE April 11 1934

19. UNDERTAKER (ADDRESS) W. Kingner & Co.
Springfield Mo.

20. FILED 4-10-34 1934 Cornelius E. Thompson Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 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) G. R. Meyer, M. D.
 (Address) 240 1/2 E. Com. St. Springfield, Mo.

