

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

1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Praine
City Greenwood (No., St., Ward

Registration District No. 397
Primary Registration District No. 4234

File No. 12721
Registered No.
St., Ward

2. FULL NAME

John Meneffe Thompson
(a) Residence, No. Greenwood No. Mo. St., Ward

Length of residence in city or town where death occurred 3 yrs. - mos. - ds. How long in U. S., if of foreign birth? 72 yrs. 7 mos. 7 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>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah H Thompson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1859</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>7</u>	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>
	10. Date deceased last worked at this occupation (month and year) <u>1929, March</u>
	11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) Eleysburg County
(STATE OR COUNTRY) Kentucky

13. NAME Thomas Thompson

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

15. MAIDEN NAME Elmira Sweet

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

17. INFORMANT William T Thompson
(ADDRESS) Greenwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Golden Cemetery DATE Apr 13 1934

19. UNDERTAKER J T Johnson
(ADDRESS) Greenwood Mo

20. FILED 4-24 1934 Mrs. Sallie O. Hayes
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1934
22. I HEREBY CERTIFY, That I attended deceased from February 1934, to April 11 1934
I last saw him alive on April 11 1934 Death is said to have occurred on the date stated above, at 2:55 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 131
Chronic Myocarditis 93C
Atherosclerosis 97
Date of onset 1929
Other contributory causes of importance: 131

Name of operation none 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? no
If so, specify
(Signed) Clayton L Miller M. D.
(Address) Lee Summit, Mo

CAUTION: This information is classified "TOP SECRET" and is to be properly classified. External statement of OCCUPATION and other information should be classified "TOP SECRET" unless otherwise indicated. This information is to be classified "TOP SECRET" unless otherwise indicated. This information is to be classified "TOP SECRET" unless otherwise indicated.