

MAY 25 1934

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

Do not use this space.

13670

1. PLACE OF DEATH

County New Madrid  
Township Come  
City (No. ....) .....

Registration District No. 605  
Primary Registration District No. 5804  
43

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Eugene Thompson

(a) Residence, No. .... 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>M</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <u>write the word</u> ) <u>W</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14, 1933</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>1</u>	<u>4</u>	<u>26</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>tail</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) Mo

MOTHER 13. NAME Robert Thompson

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

15. MAIDEN NAME Fannie Venable

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

17. INFORMANT (ADDRESS) Robert Thompson  
Parma Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stokes Cem DATE 4/8 1934

19. UNDERTAKER (ADDRESS) Craig Walden Mo

20. FILED 4/7 1934 Dr. Crowhurst Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/2 1934 to 4/7 1934

I last saw him alive on 4/2 1934 Death is said to have occurred on the date stated above, at 5-9 m.

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

Acute Sepsis  
Possible diphtheria  
105B  
10  
10

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? Mo

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 Crowhurst

(Signed) Crowhurst, M. D.  
(Address) Parma 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.

