

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

Do not use this space.

21148

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Mason Primary Registration District No. 3019
 City Hannibal (No. , Fairview St. Ward)

File No. 175
 Registered No.

2. FULL NAME

Samuel W. Thompson
 (a) Residence, No. Fairview 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>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gary</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8th 1847</u>			
7. AGE	YEARS <u>87</u>	MONTHS <u>5</u>	DAYS <u>0</u>
		IF LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
	10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
FATHER	13. NAME <u>Moss Thompson</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
MOTHER	15. MAIDEN NAME <u>Rebecca Conrad</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Mrs O. L. Tucker Fairview Hannibal Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Riverside</u> DATE <u>6/12/34</u> 19 <u>34</u>			
19. UNDERTAKER (ADDRESS) <u>James O'Connell Hannibal Mo</u>			
20. FILED <u>6-16-34</u> <u>Whitman</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th 1934

22. I HEREBY CERTIFY That I attended deceased from May 28, 1934, to June 8, 1934
 I last saw him alive on June 1, 1934. Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Chronic myocarditis
131
 Other contributory causes of importance:
Smoking
131

Name of operation Date of
 What test confirmed diagnosis? 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? no
 If so, specify
 (Signed) A. B. Blue, M. D.
 (Address) 522 Union St Hannibal 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.

AUG 8 1934

