WRITE PLAINLY, WITH UNFADING INK. [illegible]

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 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No. 27855
Township Marshall — Primary Registration District No. 3038 — Registered No. 115
City Marshall, Mo (No. Fitz Gibbon Hosp. St. Ward)

2. FULL NAME Lester Thompson
(a) Residence, No. 569 W. Maryan St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1908
7. AGE: YEARS 26 — MONTHS 0 — DAYS 12 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House man
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) North Marshall Missouri

FATHER
13. NAME Joseph Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (North) Marshall Missouri

MOTHER
15. MAIDEN NAME Ella Norris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (North) Marshall Mo

17. INFORMANT (ADDRESS) Joseph Thompson 569 W. Maryan St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cow Creek Cem DATE July 25 1934
19. UNDERTAKER (ADDRESS) Ferguson - Williams 264 W. North St Marshall
20. FILED 7/24 1934 Helen Huston Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1934
22. I HEREBY CERTIFY That I attended deceased from held in quest to July 24, 1934
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 8 45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot in hands of Harry Maddox | |
| 173 | |

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy? Yes

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 C. L. Lawless Cor
(Signed) C. L. Lawless Coroner M. D.
(Address) Marshall

#2

Saline

**DEPARTMENT OF COMMERCE**

**BUREAU OF THE CENSUS**

**WASHINGTON**

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

115

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lester Thompson

Who died at _____ on July 23 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race B Single, ~~married, widowed or divorced~~: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 173 Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) Gun shot in hands

Principal cause of death: of Harry Maddox (Homicidal)

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

X Signature of Registrar X H R Conway Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 796

Primary Reg. Dist. No. 3038

Very truly yours,

E. T. McGaugh M.D.
G.C.

Special Agent.

S-27855

S-27855