

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.

SEP 13 1934

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

Do not use this space.

29902

1. PLACE OF DEATH

59
1-6
County Ladysville
Township Wellington
City Wellington (No. St. Ward

Registration District No. 466
Primary Registration District No. 4279

File No.
Registered No. 13

2. FULL NAME

(s) 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1893

7. AGE YEARS 51 MONTHS 1 DAYS 26 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Restauranter

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) Ladysville Co Mo

13. NAME Alfred N. Thompson

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

15. MAIDEN NAME Barrie Plotz

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

17. INFORMANT Miss William H. Thompson (ADDRESS) Wellington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington Mo DATE Sept 1 1934

19. UNDERTAKER (ADDRESS) Edgar H. Hagedorn Wellington Mo

20. FILED Aug 30 1934 J. H. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1934, to Aug 30th, 1934

I last saw him alive on Aug 30th, 1934. Death is said to have occurred on the date stated above, at 11:45 A M

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

Bright Disease Date of onset

Other contributory causes of importance: ind

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? ind

If so, specify

(Signed) R. B. Watts, M. D.
(Address) Wellington Mo

APR 20 1954

#2 *Leafayette*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

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

13

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: William Henry Thompson
Who died at _____ on Aug - 30 - 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 W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 57 Months 1 Days 26

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 _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Bright's Disease
Chronic Bright's Disease } 31

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 _____

Signature of Registrar J. M. Mann 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.

Very truly yours,

E. T. McLaugh

Special Agent

Reg. Dist. No. 466

Primary Reg. Dist. No. 4279

5-79902

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