

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

Do not use this space.

31793

SEP 19 1934

1. PLACE OF DEATH

County North Registration District No. _____
Township Witchell Primary Registration District No. _____
City Hunt City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Robert Thompson
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Thompson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Katfield, Mo.

10. NAME OF FATHER

David Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Scotland

12. MAIDEN NAME OF MOTHER

Rebecca Knox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Pennsylvania

PARENTS

14. INFORMANT (Address)

Benjamin Thompson
Hunt City, Mo.

15. FILED

Sept 18, 1934 Fred M. Hall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 1934

17. I HEREBY CERTIFY, That I attended deceased from Aug. 24 1934, to Aug. 26 1934, that I last saw h. live alive on Aug. 26 1934, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Coma
59 (duration) 1 yr. 2 mos. 2 ds.
CONTRIBUTORY (SECONDARY) Diabetes
(duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Susp. of findings

(Signed) J. R. Hall, M. D.

, 19 (Address) Hunt City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lincoln Center Aug 28 1934

20. UNDERTAKER

ADDRESS

Arch C. Trumpe Hunt City

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.

