

DEC 20 1934

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

Do not use this space.

40496

1. PLACE OF DEATH

County

St. Clair

Registration District No.

762

Township

City

Collins Mo.

Primary Registration District No.

6003

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Tom D. Thompson

Ward.

(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

whit

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Flora

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 9, 1860

7. AGE

YEARS

74

MONTHS

3

DAYS

20

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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)

Illinois

13. NAME

Jacob Thompson

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

Ill

15. MAIDEN NAME

Margaret Leaver

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

17. INFORMANT

(ADDRESS)

Charly Thompson
Collins Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Rebinson

DATE

12/2 34

19. UNDERTAKER

(ADDRESS)

W. L. Tucker
Wheatland, Mo

20. FILED

Nov. 30, 1934
M. S. Landaker
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov - 10 - 1934, to Nov - 29 - 1934

I last saw him alive on Nov - 29 - 1934 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Cerebral Apoplexy

Date of onset

11-10-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? none Was there an autopsy? no

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) W. H. Sitten, M. D.

(Address)

Osceola, Mo.

WRITE PERMANENT, 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 17 1950