

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.

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

Do not use this space.

MAR 20 1935

1. PLACE OF DEATH

County Richman
Township St Joseph Mo
City St Joseph Mo (No. _____)

Registration District No. 1001
Primary Registration District No. _____

85

File No. 4467
Registered No. 235
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Ma Mtz Lepp St. _____ Ward _____
(Usual place of abode)

Maitland Mo
(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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27 1852</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>8</u>
	DAY <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 Aaron Thompson

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

15. MAIDEN NAME Carson

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

17. INFORMANT Mrs. Claud Thompson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph Maitland DATE 2-24 1935

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Ma Mtz Lepp

20. FILED 2-22 1935 John H Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15 1935

22. I HEREBY CERTIFY, That I attended deceased from February 15 1935 to February 22 1935
I last saw him alive on February 15 1935. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Heart disease arteriosclerotic primary chronic myocarditis (Date of onset 1935)

Other contributory causes of importance: Arteriosclerosis general (P)

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) H. W. Clark, M. D.

(Address) 301 Phy & Surg Bldg St. Joseph Mo

