

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

Do not use this space.

APR 27 1935

8912

1. PLACE OF DEATH

County Henry Registration District No. 348
 Township _____ Primary Registration District No. 4206
 City Brownington (No. _____) (If nonresident, give city or town and State) _____ Ward _____

2. FULL NAME

James Andrew Thompson

(a) Residence, No. Brownington Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State) _____

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Jennie Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Business
 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. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER 13. NAME Jame Thompson

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

MOTHER 15. MAIDEN NAME Grace Nichol

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

17. INFORMANT Jennie Thompson
 (ADDRESS) Brownington

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE 3-27 1935

19. UNDERTAKER Fred Wilkinson
 (ADDRESS) Sinton Mo

20. FILED Mar 29 1935 C. D. Taylor D.M.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-35

22. I HEREBY CERTIFY That I attended deceased from March 4, 1935 to March 25, 1935
 I last saw him alive on March 23, 1935 Death is said to have occurred on the date stated above, at 8 A m.

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

Crushed thru the chest from rock falling in mine about 20 years or more ago, after which developed chronic Bronchitis with atrophic devile Emphysema. Date of onset

Other contributory causes of importance: _____
 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? _____
 If so, specify _____

(Signed) C. D. Taylor, M. D.
 (Address) Brownington, Mo.

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.

