JUN 1 8 1935

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

Do not use this space.

15506

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township Salisbury — Primary Registration District No. 3002 — Registered No. 87

City Mexico, Mo (No. ..... St. ..... Ward)

2. FULL NAME Mobrew Thompson

(a) Residence, No. 614 W. Jackson St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/9/1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44	9	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor

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) Lincoln Co. Mo

FATHER

13. NAME John Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo

MOTHER

15. MAIDEN NAME Victoria Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo

17. INFORMANT Mrs A. Thompson
(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery Mexico Mo DATE 6/2/35, 19

19. UNDERTAKER K. J. Reynolds Jr.
(ADDRESS) Mexico Mo

20. FILED June 1 - 1935 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1935, to 5-31, 1935

I last saw him alive on 5-31, 1935. Death is said to have occurred on the date stated above, at 5 A m.

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

Lobar Pneumonia — Date of onset

Other contributory causes of importance: Silicosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 Exhibition & dust

(Signed) H. J. Roth, M. D.

(Address) Mexico Mo

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.

100M-11-24-33