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.

15898

JUN 19 1935

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo (No. V.A. Facility St. 3d Ward)

2. FULL NAME THOMPSON, George

(a) Residence, No. VA Facility, Excelsior Springs, Mo Ward. 403 Benton St. Excelsior Springs, Mo.
(Usual place of abode) (Street and number, or give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. / Seven Hours How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 12, 1864

7. AGE: 70 YEARS — MONTHS: 7 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown --
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark County, Mo.

FATHER

13. NAME: Joseph Thompson (deceased)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Mary Askren (deceased)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — PLACE: ~~National Cemetery~~ Leavenworth, Kan. Old Soldiers Home DATE 5-21-35, 19

19. UNDERTAKER (ADDRESS): Herbert Hope, Excelsior Springs, Mo

20. FILED 5-23, 1935 Mr. Rea McCracken, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, 19, to May 21, 1935, 19

I last saw him alive on May 21, 1935, 19 Death is said to have occurred on the date stated above, at 5:00 A.M.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of --

What test confirmed diagnosis? exam & Obs 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? --

If so, specify

(Signed) H. C. HARDEGREE, Clinical Director, M. D.

(Address) Veterans Administration Facility, Excelsior Springs, Mo.