

AUG 17 1935

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

Do not use this space.

23602

## 1. PLACE OF DEATH

County LewisRegistration District No. 477Township CantonPrimary Registration District No. 5641City Canton Mo. (No. ....)

File No. ....

Registered No. 23

St. .... Ward)

2. FULL NAME Clyde M. Thompson

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Roe Vickers6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 - 18867. AGE YEARS 48 MONTHS 7 DAYS 7 If LESS than 1 day, .... hrs. or .... min.8. Trade, profession, or particular kind of work done, as spinner, 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) July 1 - 1935 11. Total time (years) spent in this occupation ....12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo.13. NAME Nathan Thompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co.15. MAIDEN NAME Anna Lee Van Meter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Fayette Co. Mo.17. INFORMANT Clyde Thompson Canton Mo. (ADDRESS) ....18. BURIAL, CREMATION, OR REMOVAL PLACE West Grove Canton Mo. DATE July 6 - 193519. UNDERTAKER J. D. Kelly Canton Mo. (ADDRESS) ....20. FILED July 6 - 1935 H. W. Harris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 - 193522. I HEREBY CERTIFY, That I attended deceased from July 2 - 1935 to July 4 - 1935I last saw him alive on July 4 - 1935 Death is saidto have occurred on the date stated above, at 8:20 P. m.

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

Obstruction of bowel due to adhesions from old appendix operation. Operated on, death caused by shock.

Other contributory causes of importance: ....

Name of operation Non-obstruction of bowel Date of July 4 - 1935

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? No

If so, specify ....

(Signed) P. W. Jennings, M. D.(Address) Canton 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.

