

OCT 24 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County JasperRegistration District No. 411Township JoplinPrimary Registration District No. 2002City Joplin (No. 1730 W. 26th St)File No. 29852Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Johnnie Jack Thompson(a) Residence, No. 1730 W. 26th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Legal 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvia Thompson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 - 19037. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
32 4 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Dealer9. 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) Joplin Mo13. NAME John F. Thompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Co. Mo15. MAIDEN NAME Emmaline Clark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co Mo17. INFORMANT (ADDRESS) Sylvia Thompson18. BURIAL, CREMATION, OR REMOVAL PLACE Harvey DATE Sept 9th 193519. UNDERTAKER (ADDRESS) Panther Mortuary20. FILED 9-6-35 Ed Jones Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6th 193522. I HEREBY CERTIFY, That I attended deceased from Aug 20 35, to Aug 20 35I last saw him alive on Aug 20 1935 Death is said to have occurred on the date stated above, at 12:12 am.

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

Pulmonary Tuberculosis

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? NO

If so, specify \_\_\_\_\_

(Signed) W. Brooks Rice, M. D.(Address) Joplin 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.

Brookshire