

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

Do not use this space.

JAN 21 1936

42174

1. PLACE OF DEATH

County Stoddard
Township 0215
City St. Charles (No. _____)

Registration District No. 936
Primary Registration District No. 6100

File No. 74
Registered No. 74
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10, 1864</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>3</u>
		DAYS
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
13. NAME <u>Joe Thompson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Sam Thompson</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookwood</u> DATE <u>12/8</u> 19 <u>35</u>		
19. UNDERTAKER <u>none</u> (ADDRESS)		
20. FILED <u>12/7</u> 19 <u>35</u> <u>Dorance Allen</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/8/35, 1935 to 12/9/35, 1935.
I last saw him alive on 12/8/35, 1935. Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:
Typhoid fever
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chick 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 _____, 1935.
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) Wm. Lead, M. D.
Benvenuto
(Address) _____

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

