

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.

FEB 19 1936

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 376
 Township Pt-Osage Primary Registration District No. 4293
 City Buckner Mo. (No. _____) St. _____ Ward _____

2. FULL NAME James P. Thompson
Buckner Missouri St. _____ Ward _____
 (a) Residence, No. _____ (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 1125
 Registered No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Elliott Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>80</u>	<u>6</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section foreman Sante Fe RR

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

10. Date deceased last worked at this occupation (month and year) Nov. 15, 1915. 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South of Buckner Mo 6 or 8 miles

FATHER 13. NAME John Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Nellie Elliott
 (ADDRESS) Buckner Mo.

18. BURIAL PLACE Sibley Mo. DATE Jan. 29, 1936

19. UNDERTAKER Reppert Funeral Home
 (ADDRESS) Buckner Missouri

20. FILED 2-10 1936 N. M. Manssaff
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Jan 27, 1936
 I last saw him alive on Jan. 27, 1936, 19____. Death is said to have occurred on the date stated above, at 1:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset Jan 24

Other contributory causes of importance:
MI

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chest 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 _____
 (Signed) N. Manssaff, M. D.
 (Address) Buckner Mo

RECEIVED

STATE OF

MISSISSIPPI

OFFICE OF THE

COMMISSIONER OF

LANDS AND MINES

JACKSON, MISSISSIPPI

APRIL 10, 1933

TO THE HONORABLE

MEMBER OF THE

LEGISLATURE

STATE OF MISSISSIPPI

RE: LANDS AND MINES

SECTION 10,000

ACRES

SECTION 10,000

ACRES