

MAY 19 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14586

1. PLACE OF DEATH

County Cole,
Township.....
City Jefferson City. (No....., Ward.....)

Registration District No. 213
Primary Registration District No. 3014

File No.....
Registered No. 112

2. FULL NAME Jack W. Thompson-#27019,

(a) Residence, No. Missouri State Penitentiary ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
43 3 20

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) Unknown. 11. Total time (years) spent in this occupation Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

13. NAME Unknown.

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

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mo. State Prison Record Jeff. City Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Foster, Mo. DATE 4/19/1936

19. UNDERTAKER (ADDRESS) Heinrichs Undertaking Co. Jefferson City, Mo.

20. FILED 4/19/1936 Dr. Barford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936. April 9, 1936.

I last saw h. im alive on April 9, 1936. Death is said to have occurred on the date stated above, at 3:40 p.m.

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

Date of onset

Other contributory causes of importance:
1. Arteriosclerotic Heart Disease
2. Pulmonary Tuberculosis.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 W. W. Rumble M. D.
(Signed) W. W. Rumble M. D.
(Address) Jefferson City, Missouri.

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.

