

MAY 27 1936

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

Do not use this space.

16652

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6018ANEAR City Farmington, Mo.

No. _____, _____ St. _____ Ward)

2. FULL NAME Joseph Thompson(a) Residence, No. Bonne Terre, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Widower</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Thompson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29th 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>73</u>	<u>0</u>	<u>10</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Joseph Thompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Minerva Hood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE 4-10-36 19.19. UNDERTAKER Benham Undertaking Co.
(ADDRESS) Bonne Terre, Mo.20. FILED April 9, 1936 F. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 193622. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to April 9, 1936I last saw him alive on April 8, 1936. Death is saidto have occurred on the date stated above, at 5:24 a.m.

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

Generalized arterio sclerosis

Date of onset

Other contributory causes of importance
chronic myocarditis with cardiac decompensationName of operation..... Date of.....
What test confirmed diagnosis? Chemical Was there an autopsy? no23. 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.....

(Signed) F. J. Robinson M. D.(Address) Hosp. & Farmington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXPLICITLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

