

SEP 25 1936

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

Do not use this space.

31610

1. PLACE OF DEATH

County Livingston
Township Chillicothe
City (No.) (St.) (Ward)

Registration District No. 505
Primary Registration District No. 5674

File No.
Registered No. 132

2. FULL NAME James Allen Thompson

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 7

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) Livingston Co Mo13. NAME John S Thompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Milinda Lile16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Elsie Thompson
R R Chillicothe Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson DATE 8-18 193619. UNDERTAKER (ADDRESS) F B Norman
Chillicothe20. FILED Aug. 18, 1936 Donald T. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 193622. HEREBY CERTIFY, That I attended deceased from Aug 10, 1936 to Aug 17, 1936

I last saw him live on Aug 16, 1936. Death is said to have occurred on the date stated above, at 6:10 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of stomach
46

Date of onset
Feb
1936

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? X-ray 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) R J Berenson, M. D.(Address) Chillicothe, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGIF should be stated EXACTLY. PHYSICIANS should state

