

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.

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

Do not use this space.

JAN 25 1936

**1. PLACE OF DEATH**

County Christian  
Township Lincoln  
City Clever (No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

Registration District No. 187  
Primary Registration District No. 0257

File No. 47546  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Infant of Mr + Mrs. Glenn 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 <u>boy</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9-1936</u>		
7. AGE YEARS <u>Infant</u>	MONTHS <u>0</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
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 _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
	13. NAME <u>Glenn Thompson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Mary Burlison</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Joe Thompson Clever Mo.</u>
PATHER	18. BURIAL, CREMATION, OR REMOVAL
	PLACE _____ DATE <u>Jan. 10-1936</u>
	19. UNDERTAKER (ADDRESS) <u>J.W. Maple Clever Mo.</u>
20. FILED _____ 19 _____ Registrar. <u>Thurman</u>	

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY That I attended deceased from Jan 9, 1936, to Jan 9, 1936.  
I last saw him alive on Jan 9, 1936. Death is said to have occurred on the date stated above, at 3:15 P. m.  
The principal cause of death and related causes of importance were as follows:  
Unknown  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) Thurman, M. D.  
(Address) Clever Mo.

