

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.

SEP 21 1936

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

Do not use this space.

48776

1. PLACE OF DEATH *Greene*
 County..... Registration District No. *318*
 Township.....
 City.....*Springfield* (No. *2001*)
 Primary Registration District No. *Burge Hospital*
 Registered No. *667*
 St. Ward)

2. FULL NAME *Eugene Thompson*
 (a) Residence, No. *1815 E. Central* St. 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

MEDICAL CERTIFICATE OF DEATH

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) *Aug 2 - 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*

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) *Mo. Springfield*

13. NAME *Eugene Thompson*

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

15. MAIDEN NAME *Margarette Massey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *Mrs. John Massey, Mo. Springfield*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Hopedale Aug 4, 1936*

19. UNDERTAKER (ADDRESS) *J. W. Huggins, Mo. Springfield*

20. FILED *8-3-1936* *Chas a George Registrar*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 2 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him *alive* on *8-2-36*, 19..... Death is said to have occurred on the date stated above, at *7:00* p.m.
 The principal cause of death and related causes of importance were as follows:
Stillbirth
 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?.....
 If so, specify.....
 (Signed) *Thomas F. Swash* M. D.
 (Address) *450 1/2 E. Canal*

