OCT 1 1936

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

Do not use this space.

48975

1. PLACE OF DEATH
County Shelby
Township ~~Salt River~~
City Shelbina (No. ..... St. ..... Ward)

Registration District No. 830
Primary Registration District No. 4503

File No. .....
Registered No. 39

2. FULL NAME Thompson, Jerry Gene.

(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 M
4. COLOR OR RACE N
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

7. AGE YEARS STILL BORN | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbina Mo

FATHER
13. NAME Thompson Walter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co.

MOTHER
15. MAIDEN NAME Palliser Marie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co.

17. INFORMANT (ADDRESS) Thompson Walter, Huntington Mo. RR#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rollins Co. DATE Aug 27 1936

19. UNDERTAKER (ADDRESS) Brothers - Million - Barkley

20. FILED Aug 27 1936 Mrs. R. H. Wailes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1936 to Aug 26, 1936
I last saw h/ alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	

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) H. E. Williams, M. D.
(Address) Shelbina Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD