

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall, Mo.

Registration District No. 796
Primary Registration District No. 6039

File No. 8985
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence No. R 7 D
(Usual place of abode)

St. _____ Ward _____

(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 Viola Bennett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1865

7. AGE YEARS 71 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, 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) Quincy, Illinois

13. NAME Jacob G. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Tennessee

15. MAIDEN NAME Abigail Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT Mrs. Jefferson L. Thompson (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonnie Chapel, Dallas Co. Mo. DATE Feb. 8, 1937

19. UNDERTAKER J. E. Surgery (ADDRESS) Marshall, Mo.

20. FILED Feb. 8, 1937 Hebert H. New Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1937

22. I HEREBY CERTIFY that I attended deceased from Nov 1, 1936 to Jan 7, 1937

I last saw him alive on Jan 20, 1937 Death is said to have occurred on the date stated above, at 1 P.M.

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

Chronic Myocarditis (Date of onset) 1935

Other contributory causes of importance: none

Name of operation a Date of _____

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) M. H. Harrison M. D.

(Address) Marshall, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

2025 RELEASE UNDER E.O. 14176

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.

