

APR 19 1937

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

Dr. Upshaw  
Do not use this space.

11992  
33

File No. 33

Registered No. ~~0433~~

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County

Greene

Registration District No.

338

Township

St. Charles

Primary Registration District No.

5444

City

Springfield, Mo. Rt. 3

## 2. FULL NAME

A. D. "Doc" Thompson

(a) Residence, No.

Rt 3

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 Susan Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1855

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

✓ 81 6 23

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

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) Greene Co., Mo.13. NAME James M. Thompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa15. MAIDEN NAME Elizabeth Dabbs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT (ADDRESS) Mrs. Susan Thompson Rt. 3 Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Feb 23 3719. UNDERTAKER (ADDRESS) Olma LaMeyer Springfield, Mo.20. FILED April 8 1937 Mrs. Pearl Hughes Mitchell Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 - 193722. I HEREBY CERTIFY, That I attended deceased from 1-2-24-36, 19....., to 2-21-37, 19.....Last saw him alive on 2-21-37, 19..... Death is said to have occurred on the date stated above, at 11:50 P.M.

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

Carcinoma of mouth & tongue

Chronic Myocarditis

Metastasis in throat (carcinoma)

Other contributory causes of importance: ✓Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? histology 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) Paul Upshaw M.D. \_\_\_\_\_, M. D.(Address) Springfield, Mo.

INFORMATION RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-20-36  
 4-7044

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.

