

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH
72 County New Madrid Registration District No. 605
Township Cour Primary Registration District No. 4359
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Bobbie Joe 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.

File No. 17074
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>1</u>	<u>3</u>	<u>3</u>	

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

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

13. NAME Truman Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Barnes

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

17. INFORMANT Truman Thompson
(ADDRESS) Risco, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden DATE 9/30 1937

19. UNDERTAKER none
(ADDRESS) _____

20. FILED 9/19 1937 Dr. Geo. Susted
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/18/37, 1937, to 9/17, 1937
I last saw him alive on 8/30, 1937. Death is said to have occurred on the date stated above, at 49 m.
The principal cause of death and related causes of importance were as follows:
Sho colitis
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Plum Was there an autopsy? Y

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 Sho colitis
(Signed) Geo. W. Susted, M. D.
(Address) Carroll

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

114B

