

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.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
82 County Pike Registration District No. 684
1 Township Boonville Primary Registration District No. 4405
2 City Boonville (No. 1) St. Boonville Ward 1

2. FULL NAME Julius C. 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 30 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

File No. 17267
Registered No. 73

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 Cora B. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	<u>78</u>	<u>4</u>	<u>29</u>	

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to April 18, 1937

I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Coronary Atherosclerosis

Date of onset 4/16/37

Other contributory causes of importance:
Hypertensive Chronic Effusion Sclerosis

12. BIRTHPLACE (CITY OR TOWN) Labelle
(STATE OR COUNTRY) Linn County Mo

13. NAME Elias Thompson

14. BIRTHPLACE (CITY OR TOWN) Fagundes Co. Va.
(STATE OR COUNTRY)

15. MAIDEN NAME Mary A Fairley

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

17. INFORMANT Cora B. Thompson
(ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville DATE Apr. 21 1937

19. UNDERTAKER N. B. Elmora
(ADDRESS) Boonville Mo

20. FILED 5-10-37 1937 N. B. Elmora Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? 12 Was there an autopsy? 14

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) J. H. Wilcox D.
(Address) Boonville Mo

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