

JUL 31 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Worth
 Townshp Union
 City _____ (No. _____) St. _____ Ward _____

Registration District No. 904
 Primary Registration District No. 6215-

File No. 25179
 Registered No. _____

2. FULL NAME

(a) Residence, No. Infant St. _____ Ward _____
 (Usual place of abode) Sheridan (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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) mo (STATE OR COUNTRY)

13. NAME R. K. Thompson

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

15. MAIDEN NAME Fern Williamson

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

17. INFORMANT R. K. Thompson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopkins Mo DATE June 30, 1937

19. UNDERTAKER Long & Boyd (ADDRESS) 128 Sheridan Mo.

20. FILED June 30, 1937 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 29, 1937, to June 29, 1937

I last saw him alive on June 29, 1937. Death is said

to have occurred on the date stated above, at 3 P. M.

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

Infant Date of onset _____

Other contributory causes of importance:

200A

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) A. E. Long, M. D.

(Address) Sheridan Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Warth
Township Union
City (No.)

Registration District No. 904
Primary Registration District No. 6215

File No. 25-179
Registered No.
St. Ward

2. FULL NAME

Infant

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 - 29 - 1937

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED June 30, 1937 Mrs. O. H. Bond Registrar

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(Signed) A. E. Long, M. D.

(Address) Sheridan mo.

1-16-10-5