

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Holt
 Township Clay
 City Mount City (No. _____)

 Registration District No. 371
 Primary Registration District No. 5517

 File No. 27335
 Registered No. _____
 St. _____ Ward _____
2. FULL NAME James D. Thompson
 (a) Residence, No. Farm 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 Mrs. Fannie Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-10-1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 8 21

 8. Trade, profession, or particular kind of work done, as spinner, 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) Buchanan Co
 (STATE OR COUNTRY) Mo

 13. NAME Wm. L. Thompson

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

 15. MAIDEN NAME Nancy W. Dinsart

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

 17. INFORMANT Mr. A. Thompson
 (ADDRESS) Mount City, Mo

 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Aug 31 1937

 19. UNDERTAKER Fred Terhune
 (ADDRESS) Savannah Mo

 20. FILED Aug. 2 1937 Vern O. Stout
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A. m.

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

Coronary Artery
occlusion

Date of onset

Other contributory causes of importance: 940
 Name of operation History of engine failure 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) Dr. Perry Coroner, M. D.
 (Address) Mount City, Mo.

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.

