

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.

Do not use this space.

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

27502

49
7
5
AUG 24 1937

1. PLACE OF DEATH
County Jasper Registration District No. 411
Township _____ Primary Registration District No. 2002
City Jasper (No. 104 1/2 main) St. _____ Ward _____

2. FULL NAME Will Thompson
(a) Residence, No. 104 1/2 main 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 11

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

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) Jasper Mo.

13. NAME Will Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

15. MAIDEN NAME Lattie Cassidy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT Olga Thompson
(ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE 7/23/37

19. UNDERTAKER (ADDRESS) Springfield Mo

20. FILED 7-27-37 Registrar Ed James

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-37

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1937 to 7-21, 1937
I last saw him dead July 21-37, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
Heart Attack Date of onset _____

Other contributory causes of importance: 950

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? view

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 fall
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. W. W. Chester M. D.
(Address) Jasper Mo

