

OCT 22 1937

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

Do not use this space.

34856

1. PLACE OF DEATH

County New Madrid  
Township  
City New Madrid (No. ....) St. .... Ward)

Registration District No. 604  
Primary Registration District No. 4358

File No. ....  
Registered No. ....

2. FULL NAME Lee Thompson

(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

MEDICAL CERTIFICATE OF DEATH

|  |  |   |
|--|--|---|
| 3. SEX<br><u>mal</u>   | 4. COLOR OR RACE<br><u>col</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Jessie Thompson</u> |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>about 1887</u>                           |  |   |
| 7. AGE<br><u>about 50</u>  | YEARS  | MONTHS  |
|  |  | DAYS  |
|  |  | IF LESS than 1 day, .... hrs. or .... min.                                  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Forger</u> |   |
|  | 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)<br><u>Alab.</u>                       |  |   |
| FATHER   | 13. NAME<br><u>unk</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unk</u>   |   |
| MOTHER   | 15. MAIDEN NAME<br><u>unk</u>  |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unk</u>   |   |
| 17. INFORMANT (ADDRESS)<br><u>Jeff Young</u>   |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>New Madrid</u> DATE <u>Oct 6 1937</u>    |  |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Richard Hud Co.</u><br><u>New Madrid, Mo</u>            |  |   |
| 20. FILED <u>10/9 1937</u> <u>W. O. Benson</u> Registrar.                              |  |   |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1937 to Oct 6 1937. I last saw him alive on Oct 4 9 a.m. 1937. Death is said to have occurred on the date stated above, at 9 a.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Failure -  
Myocardial Infarction  
Date of onset

Other contributory causes of importance: AAA

Name of operation Phosad Date of no

What test confirmed diagnosis? no Was there an autopsy? no

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 W. O. Benson  
(Signed) W. O. Benson M. D.  
(Address) New Madrid Mo

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.

