NOV 18 1937

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

Do not use this space.

File No. 37861
Registered No. 341

1. PLACE OF DEATH

County JACKSON — Registration District No. 398
Township BLUE — Primary Registration District No. 5554
City ..... (No. 1714 VERMONT AVE. St. ..... Ward)

2. FULL NAME CLELL EWING THOMPSON JR.

(a) Residence, No. 1714 VERMONT AVE. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 16-1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	3	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CHILD

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) INDEPENDENCE, MISSOURI.

FATHER

13. NAME CLELL EWING THOMPSON SR.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PETTIS COUNTY, MISSOURI

MOTHER

15. MAIDEN NAME MONA MARBLE

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

17. INFORMANT CLELL EWING THOMPSON SR.
(ADDRESS) 1714 VERMONT AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOND GROVE CEM. DATE OCTOBER 22, 1937

19. UNDERTAKER GEORGE C. CARSON FUNERAL HOME
(ADDRESS) INDEPENDENCE, MISSOURI.

20. FILED 10-21-, 1937. F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

	Date of onset
Status Thymolymphaticus	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) L. J. Conroy M. D.
(Address) Deputy Coroner

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.