

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Shape Grove
City (No. _____) _____

Registration District No. 914
Primary Registration District No. 6235-

File No. 46484
Registered No. 7
St. _____ Ward _____

2. FULL NAME Richard Simpson Thomson

(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 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 Aug. 8, 1858

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 4 4

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) (STATE OR COUNTRY) Ray Co _____

13. NAME Richard S. Thomson

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

15. MAIDEN NAME Mary Wild

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

17. INFORMANT C. B. Thomson (ADDRESS) McLeville, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch cemetery DATE Dec. 13 1937

19. UNDERTAKER Brothers - Gomer (ADDRESS) Richmond, mo.

20. FILED Dec 15 - 1937 W E Gant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1933 to Dec 12 1937

I last saw him alive on Dec 7 1937. Death is said to have occurred on the date stated above, at 8:30 AM.

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

Chronic Pemphigus Date of onset 4 ym.

Other contributory causes of importance: 13
15

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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 _____

(Signed) W. G. Lamey M. D.
(Address) Richmond, 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.

