

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

Do not use this space.

127

2864

1. PLACE OF DEATH

40 County Grundy
 2 Township Prenton
 2 City Prenton (No. _____ St. _____ Ward)

Registration District No. 328
 Primary Registration District No. 3017

File No. _____
 Registered No. _____

2. FULL NAME

Samuel Lloyd Thompson 512

(a) Residence, No. 504 Pleasant View St., _____ Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 18 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24-1883

7. AGE YEARS 54 MONTHS 5 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Locomotive Engineer
 10. Date deceased last worked at this occupation (month and year) Feb 1-38 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Veta South Dakota

FATHER 13. NAME William Samuel Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kniford Ireland

MOTHER 15. MAIDEN NAME Mary Jane Lenda

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Indiana

17. INFORMANT Morris Thompson (ADDRESS) Prenton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason's Cemetery DATE Feb 6 1938

19. UNDERTAKER (ADDRESS) Thomley Funeral Home
Prenton Missouri

20. FILED 2-3 1938 Irene D. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1938, to Feb. 3rd 1938. I last saw him alive on Feb. 3rd 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Coronary Thrombosis Jan 3rd 1938
HTA

Other contributory causes of importance:
Hypertension Do not know

Name of operation None 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) Oliver F. Duffy 1, M. D.

(Address) Prenton, Mo. 300

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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH

1938
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