

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

Do not use this space.

REC'D MAY 24 1938

15557

1. PLACE OF DEATH

County Dike Registration District No. 689  
Township Bullkato Primary Registration District No. 3023  
City Louisiana (No. 513 534)

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 513 54 St., 2 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 AGNEA Grooms Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-92

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 11 +2 13

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandin Mo

13. NAME Thomas Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

15. MAIDEN NAME Mary McKinney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

17. INFORMANT MRS AGNEA Grooms Thompson  
(ADDRESS) 513 534 LOUISIANA Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Riverview DATE 4/21 38

19. UNDERTAKER J. H. ...  
(ADDRESS) Journe ...

20. FILED 4/21 1938 Registrar. 620

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 10 1938 to Apr 20 38

I last saw him alive on Apr 20 1938 Death is said

to have occurred on the date stated above, at 1456 m.

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

Lobar pneumonia Date of onset 4/14/38

Other contributory causes of importance: Influenza 4/9-38

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) D. Pearson, M. D.

(Address) LOUISIANA 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.

