JUL 17 1938

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

Do not use this space.

21625

1. PLACE OF DEATH
County Clay
Registration District No. 198
File No.
Township Fishing River
Primary Registration District No. 8011
Registered No. 85
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME THOMPSON, Walter F.
(a) Residence, No. Veterans Administration Facility Ward. Richmond, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 5 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 Elizabeth Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1893

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 45 | 4 | 2 | |

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Mo. 0

FATHER
13. NAME James Thompson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9

MOTHER
15. MAIDEN NAME Anna Eaton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond, Mo. DATE 6-23-38, 19

19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Springs, Mo.

20. FILED June 24, 1938 Lorena McCracken Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, 19, to June 22, 1938, 19
I last saw him alive on June 22, 1938, 19 Death is said to have occurred on the date stated above, at 7:00 m p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic insufficiency with stenosis | |

Other contributory causes of importance:
Myocardial insufficiency severe
Cardiac hypertrophy

Name of operation none Date of --
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 John E. Kelly
(Signed) JOHN E. KELLY, MD, Manager, M. D.
(Address) Veterans Administration Facility Excelsior Springs, Missouri