REC'D AUG 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Audrain
Township: Prairie
City: Laddonia (No. ... St. ... Ward)

Registration District No. 24
Primary Registration District No. 4018

File No. 24604
Registered No.

2. FULL NAME: David Winston Thompson 512

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2, 1862

7. AGE: Years 76 | Months 0 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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): 1932
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbus Adams Co. Ill.

FATHER
13. NAME: Winston Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East St. Louis Ill.

MOTHER
15. MAIDEN NAME: Cynthia A. Robison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

17. INFORMANT: Ida Thompson (ADDRESS) Laddonia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fern Chapel DATE: July 11, 1938

19. UNDERTAKER: W. G. Saunders (ADDRESS) Laddonia Mo.

20. FILED: 7-11-1938 Wm. McCleall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 10, 1938
I last saw him alive on July 10, 1938. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of right femur.	June 1-38
186a	

Other contributory causes of importance:
Cardiac asthma (Chronic)

Name of operation ... Date of ...
What test confirmed diagnosis? X. Ray 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 6-1, 1938
Where did injury occur? Audrain County Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home. He fell from chair
Manner of injury Fell from chair
Nature of injury Fracture of neck right femur.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify ...
(Signed) Wm K McCleall, M. D.
(Address) Laddonia Mo.

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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.