

REC'D SEP 23 1938

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

Do not use this space.

29234

1. PLACE OF DEATH

County Desha
 Township Amur
 City St. Charles (No. _____)

Registration District No. H13
 Primary Registration District No. 5559c

File No. _____
 Registered No. 47
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Sheldon
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillian Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 31 - 1892</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	<u>9</u>
		DAYS
		<u>27</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Heron Co., Mo</u>		
FATHER	13. NAME <u>Theodore Thompson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>See</u>	
MOTHER	15. MAIDEN NAME <u>Mary E. Scott</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>See</u>	
17. INFORMANT (ADDRESS) <u>Records</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheldon</u> DATE <u>8/26</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>G. B. Beatty Sheldon</u>		
20. FILED <u>Sept 10, 1938</u> <u>Hanya Weaver</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1938, to Aug 26, 1938.
 I last saw him alive on Aug 26, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Tubercular Laryngitis
 Other contributory causes of importance: gsk

Name of operation None Date of _____
 What test confirmed diagnosis? Pos spec 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) Jose E. Danylow, M. D.
Sheldon City

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

JAN 25 1949

RECEIVED

District Health Officer No. 6,

District File Number 6-38-38

Date Filed 9-19-38