SEP 19 1938

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

Do not use this space.

29622

File No. 11

Registered No.

1. PLACE OF DEATH
County: Nodaway
Township: Hopkins
City: Hopkins R.F.D. (No. ..., ..., St. ..., Ward)
Registration District No. 624
Primary Registration District No. 5826

2. FULL NAME: William Washington Thompson 512

(a) Residence, No. ..., St., ..., Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 50 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 31-1870

7. AGE: Years 67 | Months 7 | Days 27 | 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.: own farm
10. Date deceased last worked at this occupation (month and year): Aug 1926
11. Total time (years) spent in this occupation: 11 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Kansas

FATHER
13. NAME: John B. Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Bell

MOTHER
15. MAIDEN NAME: Sarah E. Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway Co Mo

17. INFORMANT (ADDRESS): Verne Thompson Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hopkins DATE: Aug. 30, 1938

19. UNDERTAKER (ADDRESS): Stanley Swanson Hopkins, Mo

20. FILED: 8/29/38 1938 O. A. Daughtry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1938, to Aug 28, 1938
I last saw him alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate — Date of onset 1937

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Other contributory causes of importance:

Name of operation: ... 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) C. W. Kirk M. D.
(Address) Hopkins

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.