

DEC'D FEB 15 1939

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

4090
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837
 (b) Township Castor Primary Registration District No. 6099
 (c) City Bloomfield, Mo. R.F.D. #1 Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME IRA THOMPSON

(a) Residence, No. _____ St. (If no resident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 4 6 10

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

9. Industry or business in which work was done, as 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) Illinois

13. NAME John Thompson

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

15. MAIDEN NAME Martha Wilkinson

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

17. INFORMANT Mrs. Harry Gill
 (ADDRESS) Bloomfield, Mo. R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Walker DATE Feb. 11 39

19. FUNERAL DIRECTOR (NAME) Chiles Und. Company
 (ADDRESS) Bloomfield, Mo.

20. FILED Feb. 13, 1939 Loonie Punch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec. 17, 1939, to Feb. 10, 1939
 I last saw him alive on Feb. 9, 1939. Death is said to have occurred on the date stated above, at 12:30 a. m.

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

Acute Endocarditis Date of onset _____

Other contributory causes of importance:

Chronic Parasympathetic Insufficiency

Name of operation _____ Date of _____

What test confirmed diagnosis? C. 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) S. S. Blavin, M. D.(Address) Dexter Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.