REG'D MAR 15 1939

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

6270
Do not use this space.

1. PLACE OF DEATH
(a) County: Clinton
(b) Township:
(c) City: Cameron
Registration District No.: 204
Primary Registration District No.: 3013
Registered No.: 17
(d) Street No.: West 5th 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: John Milton Thompson.
(a) Residence, No.: Mel 5 St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Sopha Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1862

7. AGE: Years 76 | Months 9 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired Grocer.
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): Ellington, New York.

FATHER
13. NAME: DeLoss Thompson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Evans, New York

MOTHER
15. MAIDEN NAME: Harriett Newell Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Plainfield, New York

17. INFORMANT (ADDRESS): C. D. Thompson, Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Graceland DATE: 3-1-, 1939

19. FUNERAL DIRECTOR (NAME): J. W. Poland
(ADDRESS): Cameron Mo

20. FILED: Feby 28th, 1939 Dr. A. S. Ridley, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-27-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to 2-27-39, 19
I last saw him alive on 2-26, 1939. Death is said to have occurred on the date stated above, at 2:30 P.M
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis — Date of onset

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Other contributory causes of importance:

Name of operation: — 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? — 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): M. E. Peters, M. D.
(Address): Cameron Mo

Licensed Embalmer's Statement on Reverse Side)

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.

District Health Officer No. 11

District File Number 39-54

Date Filed 3/9/39

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, A. H. Doolen, or by —

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

Signed A. H. Doolen

Licensed Embalmer No. 4036

P. O. Address Cameron Mo.

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.