REC'D APR 24 1939

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

11715
Do not use this space.

1. PLACE OF DEATH
(a) County Newton
(b) Township or City Neosho 1
Registration District No. 609
Primary Registration District No. 3-808
Registered No. 31
(d) 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? 46 yrs. mos. ds.

73

2. PRINT FULL NAME Mark Tom Thompson
(a) Residence, No. Neosho R. F. D. # 3. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

512

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 23 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	54	4	16	

OCCUPATION
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) Watlington England

FATHER
13. NAME Joseph Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

MOTHER
15. MAIDEN NAME Emily Sweeting
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT Mabel Gee Thompson
(ADDRESS) Neosho Mo. R 3.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greensburg Kan. DATE April 11 1939

19. FUNERAL DIRECTOR (NAME) Corley Thompson
(ADDRESS) Neosho Missouri

20. FILED 4-10 1939 Omal C. Sale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1939

22. I HEREBY CERTIFY, That I attended deceased from ____ 19____ to ____ 19____
I last saw him alive on I'm Dead April 9 1939 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death unknown	
Probable organic heart attack.	
Was found dead in bed.	

Other contributory causes of importance:
Natural causes 95 b 2

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? NA
If so, specify
(Signed) Corley Thompson Coroner M.D.
(Address) Neosho Mo.

542

(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.

NOV 19 1946

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 Gail R. Gay, Registered Apprentice No. 189 working under my personal supervision.

Signed Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

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

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