

1939 JUL 18 1939

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

21473
Do not use this space.

1. PLACE OF DEATH

(a) County BATES Registration District No. 50
(b) Township..... Primary Registration District No. 3004 Registered No. 30
(c) City BUTLER (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? yrs. mos. ds.

2. PRINT FULL NAME 525 SAMUEL MORTON THOMSON

(a) Residence, No. St. (If nonresident, 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 Mrs S M Thompson (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 4-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Paper factory
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) GRANVILLE, MO.

FATHER 13. NAME RICHARD THOMSON

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

MOTHER 15. MAIDEN NAME PHOEBE GOODWIN

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

17. INFORMANT (ADDRESS) DORIS HEATH BUTLER, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dick Hill DATE June 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CULVER BUTLER, MO.

20. FILED June 3, 1939 Mrs C Culver Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 1, 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 21 to June 1, 1939
last saw him alive on May 3, 1939. Death is said to have occurred on the date stated above, at 1:15 A. M.
The principal cause of death and related causes of importance were as follows:

Chromomyocarditis
131

Other contributory causes of importance:
Chronic alcoholism

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 Chronic alcoholism
(Signed) Chas A. Rusk Jr, M. D.
Butler, Mo

53 (Address) Butler, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

731

RECEIVED

District Health Officer No. 7,

District File Number 7-29-1047

Date Filed 7-13-29

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.....

Denton Rude

....., Registered Apprentice No. 163

working under my personal supervision.

Signed..... Harris G. Culver

Licensed Embalmer No. 3069

P. O. Address Burton, 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.