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.

REC'D AUG 7 1939

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

Do not use this space.

24955

1. PLACE OF DEATH
County Bates
Registration District No. 51
File No.
Township
Primary Registration District No. 4030
Registered No.
City Hume Missouri (No. , St. Ward)

2. FULL NAME David Walter Thompson.
(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 40 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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1868 1868

7. AGE YEARS 71 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, 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) Missouri.

FATHER
13. NAME John Thompson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER
15. MAIDEN NAME Nancy Elliot.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) J. B. Thompson. Hume. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hume Cemetary DATE July 16 1939

19. UNDERTAKER (ADDRESS) R. W. McConnell & Son. Hume, Missouri.

20. FILED July 22 1939 Fern H Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 39. , 19

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1st 1938 to July 15, 1939
I last saw him alive on July 15th, 1939 Death is said to have occurred on the date stated above, at 7 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma bowel	Feb 1939

Other contributory causes of importance:

Mitral Insufficiency	1937

Name of operation None 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) Wm H. Allen Jr., M. D.
(Address) Hume Mo

RECEIVED
District Health Officer No. 7
District File Number 7-39-1103
Date Filed 8-2-39