

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

42926

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Gulton Primary Registration District No. 3008
 or City Mo. (c) Street No. State Hosp #1 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. 6 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 327

2. PRINT FULL NAME

George W. Thompson
 (a) Residence, No. Ashburn Mo. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>DK.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21, 1867</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>73 72</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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) <u>Illinois</u>		
13. NAME <u>William Thompson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Elizabeth Hull</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT (ADDRESS) <u>State Hosp #1 Gulton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Mo.</u> DATE <u>12-18</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>F. O. Roberts</u> <u>Columbia Mo.</u>		
20. FILED <u>Dec. 18, 1939</u> <u>R. N. Creve</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-16 1939, to 12-12 1939
 I last saw him alive on 12-12 1939. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
Dehydration
malnutrition
 Date of onset 12/9/39

Other contributory causes of importance:
Dehydration
malnutrition

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No. 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) Dr. J. Wood M. D.
 (Address) State Hosp #1 Gulton

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.

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.