

FILED APR 8 1940

FEDERAL BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12664

## 1. PLACE OF DEATH

County Boston  
Township Boston  
City Boston (No. 21)Registration District No. 857  
Primary Registration District No. 6128File No. 12664  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME CHARLES MARION THOMPSON(a) Residence, No. \_\_\_\_\_ St. 0 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SUSIE LISETTA THOMPSON6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7-18737. AGE YEARS 66 MONTHS 4 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Fire Dept. N.P.C.  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer9. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)10. NAME OF FATHER Martin Thompson11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Louise Capron13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)14. INFORMANT Miss Lucie Thompson  
(Address) Braunton Mo15. FILED 3-15-40 John H. Baxter REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-13-194017. I HEREBY CERTIFY, That I attended deceased from 3-13-1940, to 3-13-1940, that I last saw him alive on 3-13-1940, and that death occurred, on the date stated above, at 5-31-0 m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
(duration) yrs. mos. da.CONTRIBUTORY Cardiovascular disease  
(SECONDARY)  
(duration) yrs. mos. da. 7 da.18. WHERE WAS DISEASE CONTRACTED 95A  
IF NOT AT PLACE OF DEATH?DID AN OPERATION PRECEDE DEATH? no DATE OF noneWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? gross(Signed) J. H. G. J. I. M. D.  
, 1940 (Address) 405 1/2 N. 1st St. N.\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) Braunton Mo19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL 3/15 194020. UNDERTAKER Wheeler Funeral Home ADDRESS Braunton Mo

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.

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# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health  
Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, housework or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *ervant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that it may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the name accepted term for the same disease. Examples: *cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.*, of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds. *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intuition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**NOTE.**—Individual offices may add to above list of undecidable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, perforitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 12664

Registration District No. 859

Primary Registration District No. 6128

Registrar's No. 16

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Taney  
(b) City or town Branson (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Taney  
(c) City or town Branson (If outside city or town limits write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Charles Marion Thompson  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 13  
year 1940 hour..... minute..... M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year  
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....; that I last saw him alive on....., 19..... and that death occurred on the date and hour stated above.  
Immediate cause of death.....

8. AGE: Years 66 Months 4 Days 6 If less than one day, hr..... min.....

Due to.....  
Due to.....

9. Birthplace..... (City, town, or county) (State or foreign country)  
10. Usual occupation.....

Other conditions..... (Include pregnancy within 3 months of death)

11. Industry or business.....  
12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name..... (City, town, or county) (State or foreign country)  
15. Birthplace..... (City, town, or county) (State or foreign country)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant..... (b) Address.....  
17. (a)..... (b) Date thereof..... (Month) (Day) (Year)  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

18. (a) Signature of funeral director..... (b) Address.....  
19. (a) 3-15-1940 (Date received local registrar) (b) John H. Baxter (Registrar's signature)

While at work?..... (c) Means of injury.....  
23. Signature J. M. Threadgill (M. D. or other)  
Address Forsythe signed

SUPPLEMENTARY

1940

S-12664