

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.

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

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)

Single

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

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

Jan 18th, 1941

7. AGE

YEARS

NO

MONTHS

NO

DAYS

19

If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Wittenberg Mo

FATHER

13. NAME

Rudy Martin Thompson

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

Wittenberg Mo

MOTHER

15. MAIDEN NAME

Iris Evelyn Jackson

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

Illino Mo

17. INFORMANT
(ADDRESS)W Jackson
Illino. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wittenberg cemetery DATE 2-7-1941

19. UNDERTAKER
(ADDRESS)

None 572

20. FILED

2-7-1941 Adolph E. Schmidt

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

February 6th, 1941

22. I HEREBY CERTIFY, That I attended deceased from

January 18, 1941 to February 6th, 1941

I last saw him alive on February 5, 1941

Death is said

to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

P.E.X

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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?

If so, specify

(Signed)

Theodore Fischer M. D.

(Address)

H. Leuberg, Mo

