

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.

AUG 26 1937

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

Do not use this space.

27832

1. PLACE OF DEATH

County Monterey  
Township Walker  
City California (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 4335

File No. \_\_\_\_\_  
Registered No. 30

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1862

7. AGE YEARS 74 MONTHS 10 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Quinden Co Mo

13. NAME Jacob Thompson

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

15. MAIDEN NAME Rachel Carnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Emma Thompson  
(ADDRESS) House on city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Log Spring DATE 7/7 37

19. UNDERTAKER Williebell & Fred mayea  
(ADDRESS) California mo

20. FILED 7-6-1937 N.R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-29-1937 to 7-5-1937

I last saw him alive on 7-5-40, 1937. Death is said to have occurred on the date stated above, at 2 m.

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

Chronic Valvular heart-trouble Date of onset \_\_\_\_\_

Other contributory causes of importance: Acute-nephritis  
Cause unknown

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

(Signed) N.R. Popejoy, M. D.  
(Address) California mo

Handwritten text, possibly a signature or name, oriented vertically.

Handwritten characters, possibly initials or a small signature.

Handwritten text, possibly a date or a short note.

Handwritten text, possibly a signature or name, oriented vertically.

Handwritten text, possibly a signature or name, oriented vertically.