

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

Do not use this space.

37227

File No. 1933

Registered No. 16

1. PLACE OF DEATH

County *Moniteau*

Township *Linn*

City (No.)

Registration District No. *594*

Primary Registration District No. *5772A*

St. Ward)

2. FULL NAME

(a) Residence. No. *Daniel Jaratt Thompson* Ward.

(Usual place of abode)

(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)

married

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

Cordelia Thompson

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

march 27-1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

7

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Wm. Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Elizabeth Wells

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Adam Thompson
Lufus Mo.

15.

FILED

Dec 10 1933 *Ellis & Raikes*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

11-9-

19 *33*

17.

I HEREBY CERTIFY, That I attended deceased from

11-9-1933

that I last saw him alive on *11-9-1933*, and that death occurred, on the date stated above, at *11-9-1933*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunsight Wound in Left-Chest-Suicide

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. Poppey Coroner

, 19

(Address) *California Mo*

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pettigrew Cem.

11/11/33

20. UNDERTAKER

ADDRESS

L. Albert Lombard Prairie Home

