

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

Do not use this space.

22197

1. PLACE OF DEATH

County Cape Girardeau
Township Apple Creek
City Pocahontas (No. _____)

Registration District No. 129
Primary Registration District No. 0780
City _____ (No. 4172)

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Devitt Clinton Thompson
(a) Residence. No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1930

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

17. I HEREBY CERTIFY, That I attended deceased from July 24 1930, to July 31 1930, that I last saw him alive on July 14 1930, and that death occurred, on the date stated above, at 11 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24 1862

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 9 10

Chronic Nephritis
131

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Pocahontas
(STATE OR COUNTRY) Mo.

CONTRIBUTORY (SECONDARY) 1290
(duration) _____ yrs. _____ mos. _____ ds.

10. NAME OF FATHER J. C. Thompson

18. WHERE WAS DISEASE CONTRACTED _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pocahontas
(STATE OR COUNTRY) Mo.

IF NOT AT PLACE OF DEATH, _____

12. MAIDEN NAME OF MOTHER Nancy Jane Abernathy

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pocahontas
(STATE OR COUNTRY) Mo.

WAS THERE AN AUTOPSY? _____

14. INFORMANT John Thompson
(Address) Pocahontas

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) R. D. Haylock _____ M. D.

15. FILED July 30 1930 G. J. Schoser
REGISTRAR

*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 Old Apple Creek Cemetery DATE OF BURIAL July 6 1930

20. UNDERTAKER M. C. Combs & Co. ADDRESS Jackson

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 20 1930

