

SEP 24 1929

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

Do not use this space.

30279

1. PLACE OF DEATH  
 County Cape Girardeau Registration District No. 131  
 Township Windsor Primary Registration District No. 6782  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Washington Thompson  
 (a) Residence No. Box 51, Cape Girardeau, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evaline Thompson  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
86 1 30

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Owned on farm

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co. Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Solomon Thompson

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

12. MAIDEN NAME OF MOTHER Brown

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

14. INFORMANT Ed Thompson  
 (Address) R1 Cape Girardeau Mo

15. FILED 9-10-29 Olin J. Miller  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7<sup>th</sup> 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1929, to Sept 7, 1929, that I last saw him alive on Aug 10, 1929, and that death occurred, on the date stated above, at 8:30 P. M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
1070  
157 (duration) yrs. mos. da. 3 da.  
 CONTRIBUTORY (SECONDARY) Old age  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, at his home

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) O. J. Miller, M. D.  
9-7, 1929 (Address) Egypt Mills

\*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 St. Charles Chapel DATE OF BURIAL Sept 10 1929

20. UNDERTAKER Ed Brunkopf ADDRESS Box 51, Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

INT RECORD

STANDING IN -- (T)

...

...

OF DEATH in ...  
-Every ... of information ...

7-

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 131 File No. ....  
Township St. Joseph Primary Registration District No. 3782 Registered No. ....  
City ..... (No. ....) St. .... Ward)

**2. FULL NAME**

George W. 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**

|  |                              |  |
|--|------------------------------|--|
| 3. SEX<br><u>M</u>   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>wid</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |                              |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 7 1843</u>    |                              |  |
| 7. AGE YEARS<br><u>86</u>                                    | MONTHS<br><u>1</u>           | DAYS<br><u>30</u>  |
| If LESS than 1 day, ..... hrs. or ..... min.                 |                              |  |

**8. OCCUPATION OF DECEASED**

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

**PARENTS**

|  |
|--|
| 10. NAME OF FATHER   |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) |
| 12. MAIDEN NAME OF MOTHER                                  |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) |

**14.**

INFORMANT.....  
(Address)

**15.**

FILED 9-10-29 Oliver G. Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1929  
17. I HEREBY CERTIFY that I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... alive on ..... 19..... and that death occurred, on the date stated above, at..... m.

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

Respiratory Pneumonia  
Bronchitis  
Old age  
CONTRIBUTORY (SECONDARY) (duration) ..... yrs. mos. ds.  
(duration) ..... yrs. mos. ds.

**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)....., M. D.  
, 19 (Address)

\*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 |
| 20. UNDERTAKER                             | ADDRESS        |

ORIGINAL RESERVED FOR BINDING

MAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTRATION 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.

S. 30279