

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

FEB 2 1934

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

Do not use this space.

523

1. PLACE OF DEATH
 16 County Boone Registration District No. 128
 Township Apple Creek Primary Registration District No. 51763
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Carrol Russell Thompson
 (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Ella Thompson McColter
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1880

7. AGE YEARS 52 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farming
 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) Missouri

FATHER
 13. NAME John Thompson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Emmie Sides
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Laura Vlach
 18. BURIAL, CREMATION, OR REMOVAL PLACE Old Apple Creek DATE Jan 24, 1933
 19. UNDERTAKER (ADDRESS) Rosenbichler & Sons
Waco, Mo.
 20. FILE FEB 10 1934 Laura Vlach
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1932 to Jan 26, 1933
 I last saw him alive on Jan 23, 1933 Death is said to have occurred on the date stated above, at 40 m.
 The principal cause of death and related causes of importance were as follows:
131
Chronic Interstitial Nephritis
131
 Other contributory causes of importance Uremic Convulsion

23. Name of operation Framer Date of _____
 What test confirmed diagnosis? _____ 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 _____, 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
 If so, specify _____
 (Signed) A. J. Martin, M. D.
 (Address) Oak Ridge Mo.

