

JAN 24 1938

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

46590
Do not fill in this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 475
(b) Township Lesage Primary Registration District No. 6020-A Registered No. 93
(c) City Bonne Terre Mo (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harrah Thompson
(a) Residence, No. Bonne Terre Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Hugh Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Route 1 Bonne Terre Missouri

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

MOTHER 15. MAIDEN NAME Clara Glanges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Missouri

17. INFORMANT (ADDRESS) George Champagne
Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE V. Cemetery DATE Dec 24 1937

19. FUNERAL DIRECTOR (ADDRESS) Burden 4th Co
Bonne Terre Mo

20. FILED Dec 24 1937 N.W. Hawkins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1937

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1937, to December 22, 1937.
I last saw h. or alive on December 22, 1937. Death is said to have occurred on the date stated above, at 10:17 PM.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Other contributory causes of importance: Permalous anemia

Name of operation None Date of _____
What test confirmed diagnosis? Blood smears 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
If so, specify (Signed) Marvin T. How, Jr. M. D.
(Address) Bonne Terre, Mo.

Date of onset 1937
1935

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.

STATEMENT BY LICENSED EMBALMER

I, C. J. Claywell, Licensed Embalmer No. 3706

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

C. J. Claywell L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed C. J. Claywell
Licensed Embalmer No. 3706

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)