

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

Do not use this space.

3137

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... (No.)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No. 3159 Cleftham St., 20 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1927

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

17. I HEREBY CERTIFY That I attended deceased from June 18 1927 to June 19 1927 that I last saw her alive on June 17 1927 and that death occurred, on the date stated above, at 4:20 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29 1882

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 9 21

Chor. meningitis
9370

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTOR (SECONDARY) None

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: None

10. NAME OF FATHER Cornelius Thompson

DID AN OPERATION PRECEDE DEATH? DATE OF

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

12. MAIDEN NAME OF MOTHER Christa unknown

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R.M. Lind M.D.

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

11/19, 1927 (Address) City Hospital

14. INFORMANT (Address) City Hospital

*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.

15. FILED 19 Max Starck REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL St. Peter's Cemetery June 23, 1927

20. UNDERTAKER ADDRESS Ed. Quinn 1000 Grand

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.

Wapkins