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

Do not use this space.

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36014

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1252

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. State Hospital #2. St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Nannie Thompson (Nannie Thompson)

(a) Residence. No. St., Ward. Liberty, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Albert Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 15, 1856

7. AGE: Years 71 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Indiana

PARENTS

10. NAME OF FATHER: Lewis Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Indiana

14. INFORMANT: Record of State Hospital No 2
(Address): St. Joseph, Mo.

15. FILED Dec 7 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): December 7, 1927

17. I HEREBY CERTIFY, That I attended deceased from November 1, 1927, to December 7, 1927 that I last saw h. alive on December 6, 1927, and that death occurred, on the date stated above, at 5:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis 93C
Age 71 yrs. (duration) yrs. mos. ds. indefinite
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. ds. indefinite

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. G. Crank, M. D
Dec. 7, 1927 (Address) State Hospital No 2, St. Joseph

*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: Liberty, Missouri
DATE OF BURIAL: Dec, 8, 1927

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.

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.