

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

Do not use this space.

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **James Hoop**)

File No. **32273**
Registered No. **9587**
St. Ward)

2. FULL NAME

Belia M. Thompson
(a) Residence. No. **Neuman Ill** St., **12** Ward. **Neuman Ill**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF **J. E. Thompson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 16 - 1898**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	29	11	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **House Wife**
(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) **Ill**

10. NAME OF FATHER **J. V. Lawrence**

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

12. MAIDEN NAME OF MOTHER **Lora May Redwell**

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

14. INFORMANT **J. V. Lawrence**
(Address) **Neuman Ill**

15. **SEP 28 1928** FILED 19
May C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct - 27 - 1928**

17. I HEREBY CERTIFY That I attended deceased from **9-27-28** to **9-27-28**, 19**28**, and that I last saw him alive on **9-27-28**, 19**28**, and that death occurred, on the date stated above, at **9:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis - Rt non Tubercular
1100
1060

CONTRIBUTORY **Pleurisy - Rt. Chr. sup**
(SECONDARY) **Operation for**
non tubercular Pleurisy
18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **9-27-28**
WAS THERE AN AUTOPSY? **yes**
WHAT WAS THE CONFIRMED DIAGNOSIS? **autopsy**
(Signed) **nonanovich**, M. D.

*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 **Neuman Ill** DATE OF BURIAL **9-29 1928**

20. UNDERTAKER **Barry Son** ADDRESS **Neuman Ill**

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.

