

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

Do not use this space.

34578

1. PLACE OF DEATH

County St. Clair
Township St. Clair
City Osceola (No. _____) St. _____ Ward _____

Registration District No. 1065
Primary Registration District No. 1009

File No. _____
Registered No. _____

2. FULL NAME Laura L. Tompson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8 1869

7. AGE YEARS MONTHS DAYS IF LESS than day, or mo. 59 6 23

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) Missouri

10. NAME OF FATHER Geo. Hobbs

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W.R. Tompson (Address) Osceola Mo.

15. FILED 12/17 1928 G.A. Vannice REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/31 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1928, to Oct 30, 1928, that I last saw her alive on 10/30, 1928, and that death occurred, on the date stated above, at 12:35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Impaction of duodenum bone carcinoma of stomach (caecum end)

46B (duration) yrs. mos. da.

177B CONTRIBUTORY (SECONDARY) 1/4 W (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

18 Did an operation precede death? DATE OF _____

18 Was there an autopsy? _____

18 What test confirmed diagnosis? _____

(Signed) R. N. Sullivan, M. D. , 19 28 (Address) Osceola Mo.

*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 Osceola Cem. DATE OF BURIAL 11/2 1928

20. UNDERTAKER R. Sullivan ADDRESS Osceola Mo.

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.

DEATH RECORD

