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.

JAN 24 1929

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

Do not use this space.

41594

File No.

Registered No. 10

1. PLACE OF DEATH

County Linn

Township Grantsville

City Brookfield (No. ..... St. ..... Ward)

Registration District No. ~~405~~ 504

Primary Registration District No. 5667

2. FULL NAME Nancy Ann Thompson

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

Length of residence in city or town where death occurred 1 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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Milton Thompson, deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 8 - 1832

7. AGE: Years 96 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Indianapolis
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Joel Richardson

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

12. MAIDEN NAME OF MOTHER: Does Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Does Know

14. INFORMANT: Roy T Sturtevant
(Address) R.F.D. Brookfield Mo

15. FILED Jan 10, 1929 U. C. Dryden, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1928, to Dec 25, 1928 that I last saw h. alive on Dec 25, 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Chronic Myocarditis

(b) Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Influenza (duration) yrs. mos. 3-4 ds.

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 Signs

(Signed) Jane Evans, M. D

Dec 26, 1928 (Address) Brookfield 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: Liberty Cemetery | DATE OF BURIAL: 12/27/1928

20. UNDERTAKER: Hunter & Rollins | ADDRESS: Brookfield Mo