

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

Do not use this space.

7161

1. PLACE OF DEATH

County Swington
Township Richell
City Chillicothe (No.)

Registration District No. 508
Primary Registration District No. 5685

File No.
Registered No. 24
St. Ward)

2. FULL NAME Mary Alice Thompson

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 YEARS 11 MONTHS 19 DAYS

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
(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 Wm Thompson

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

12. MAIDEN NAME OF MOTHER Jessie Thompson

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

14. INFORMANT Jessie Thompson (Address) Chillicothe, Mo.

15. FILED 2/22 1929 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 18 1929 to Feb 22 1929 that I last saw him alive on Feb 22 1929 and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Septic Peritonitis
11700 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Ruptured appendix (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Chillicothe, Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 18 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chillicothe Clinical Hospital
(Signed) A. J. Thompson M. D.

Feb 22 1929 (Address) Chillicothe, 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 Chillicothe Cemetery DATE OF BURIAL Feb 24 1929

20. UNDERTAKER W. D. Booth ADDRESS Chillicothe, 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.

MAR 23 1929

