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

Do not use this space.

9337

1. PLACE OF DEATH
County Worth — Registration District No. 903 — File No.
Township — Primary Registration District No. 4548 — Registered No. 6
City Grant City (No. , St. Ward)

2. FULL NAME Jewel Darline Thompson

(a) Residence. No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	11	25	

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

9. BIRTHPLACE (CITY OR TOWN) Rising
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Mel Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rising
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Mary Wells
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Iowa

14. INFORMANT Mrs Thompson
(Address) Grant City

15. FILED 3/6 19 29 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 19 29 to Feb 23, 19 29, that I last saw h alive on Feb 24, 19 29, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro Spinal Meningitis
9613

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) John Andrews, M. D.
3/4 19 29 (Address) Grant City

*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	DATE OF BURIAL
Burk Cem	3/5 19 29
20. UNDERTAKER Andrews Bros	ADDRESS Grant City

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.