13

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.

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

Do not use this space.

23669

File No.

Registered No. 12

1. PLACE OF DEATH

County: Worth
Township: [illegible]
City: Grant City (No. .... St. .... Ward)

Registration District No. 903
Primary Registration District No. 4545

2. FULL NAME: Marjorie Eunice 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 ... 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 20-1924

7. AGE: 5 Years, 2 Months, 23 Days. If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Redding
(STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: H. M. Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Redding
(STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Mary Keller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Redding
(STATE OR COUNTRY): Iowa

14. INFORMANT: H. M. Thompson
(Address): Grant City Mo

15. FILED 6/14 1929 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1927, to June 13, 1929, that I last saw her alive on June 13, 1929, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malnutrition and wasting away
TB
(duration) ... yrs. 4 mos. ... ds.

CONTRIBUTORY (SECONDARY): Infectious Spinal Meningitis
(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? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory test

(Signed) John Andrews, M. D.
6/10, 1929 (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: [illegible] Cem
DATE OF BURIAL: June 14 1929

20. UNDERTAKER: Andrews Bros
ADDRESS: Grant City