

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

Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH
 County Clark Registration District No. 190
 Township Lincoln Primary Registration District No. 4113
 City Kahoka (No.) St. Ward) (If nonresident give city or town and State)

2. FULL NAME Mrs. Mary J. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. 40053
 Registered No. 44

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 88

7. AGE YEARS MONTHS DAYS IF LESS than 1 day hrs. or min. about 88

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) Housekeeping
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York St.

10. NAME OF FATHER unknown

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2 1929

17. I HEREBY CERTIFY that I attended deceased from July 1 1929 that I last saw him alive on July 2 1929 and that death occurred, on the date stated above, at 9:30 1857 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis

CONTRIBUTORY (SECONDARY) A fall from a ladder
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH, DATE OF ...
1857

DID AN OPERATION PRECEDE DEATH? DATE OF ...
 WAS THERE AN AUTOPSY? 1

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. R. Bridger, M. D.
 (Address) Kahoka 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.

14. INFORMANT Mrs. Frank Greenly (Address) Kahoka Mo.

15. FILED 12 29 19 J. R. Bridger REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kahoka Cemetery DATE OF BURIAL Dec. 5 1929

20. UNDERTAKER Gutting's Und. ADDRESS Kahoka Mo.

