

MAY 27 1930

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

Do not use this space.

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1. PLACE OF DEATH

County Madison
Township West Valley
City (No.)

Registration District No. 531
Primary Registration District No. 5718

File No.
Registered No. 18
St. Ward

2. FULL NAME

Bladys Sarah Thompson
(a) Residence. No. St. Ward. Roselle Mo
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M.R. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 98 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rainbow
(STATE OR COUNTRY)

10. NAME OF FATHER John Wittmer

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

12. MAIDEN NAME OF MOTHER Mary Berice Edwards

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

14. INFORMANT Mrs Anna Kennedy
(Address) 525 1/2 Central Ave West Valley, Mo

15. FILED April 9, 1930 G.T. Lunday REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1930, to Apr 7, 1930 that I last saw her alive on Apr 7, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpurae Pyemica

CONTRIBUTORY Influenza pneumoniae
(SECONDARY) (duration) yrs. mos. ds. 8

18. WHERE WAS DISEASE CONTRACTED Roselle Mo
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D.

*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 New Cemetery DATE OF BURIAL Apr 10 1930

20. UNDERTAKER J.C. Caldwell ADDRESS New Cemetery

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

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Macou Registration District No. 331 File No. _____
 Township East Valley Primary Registration District No. 5722 B Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Gladys Sarah Thompson
 (a) Residence No. _____ St. _____ Ward _____ Osella mo
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. R. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17-1900

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
29 8 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (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) Pala Ind

10. NAME OF FATHER John Winters

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

12. MAIDEN NAME OF MOTHER Mrs Bernice Evans

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

14. INFORMANT Mrs Anna Kennedy
 (Address) 525 1/2 Central Ave West Dodge

15. FILED 6/14 1930 J. P. Shickel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 31 1930 to Apr 7 1930
 that I last saw her alive on Apr 7 1930 and that death occurred, on the date stated above, at 10:12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Postnatal Pyemia

(duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY) Influenza & Miscarriage

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Osella mo

DID AN OPERATION PRECEDE DEATH: no DATE OF _____

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: _____ (Signed) C. D. West, M. D.

(Address) New Cambria 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 DATE OF BURIAL
New Cambria Cemetery Apr 10 1930

20. UNDERTAKER ADDRESS
J. E. Gilliland New Cambria mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S STATE MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTER SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1922