OCT 28 1930

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

Do not use this space.

29085

1. PLACE OF DEATH
County Dade
Township Howard
City Hume (No. ..... St. ..... Ward)

Registration District No. 51
Primary Registration District No. 5079

File No. 12
Registered No. .....

2. FULL NAME Geraldine 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	0	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) Kansas

PARENTS
10. NAME OF FATHER William Fitzgerald
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Martha Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

14. INFORMANT Wm Thompson
(Address) Hume Mo

15. FILED 9-13, 1930 W A Williams
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Sept 12, 1930 that I last saw her alive on Sept 12, 1930 and that death occurred, on the date stated above, at 2 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Gall bladder
46 E
12 B
..... (duration) yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Gall stones
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 44B
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 1930
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + operation
(Signed) Wm H Allen Jr, M. D.
, 19 (Address) Hume 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: Hume Cemetary
DATE OF BURIAL: Sept 14 1930

20. UNDERTAKER: R. W. McConnell
ADDRESS: Hume Mo

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