

NOV 26 1930

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

Do not use this space.

33714

1. PLACE OF DEATH

County Co. of Jackson Registration District No. 601
Township Fullerton Primary Registration District No. 5862
City St. Louis (No. 1) St. 1 Ward 1

File No. 147
Registered No. 147

2. FULL NAME

(a) Residence. No. Hattie Thompson St. 1 Ward 1

(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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-4-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. H W.
(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) S.C.

10. NAME OF FATHER Thos. Franklin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) S.C.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Moss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) S.C.
(STATE OR COUNTRY)

14. INFORMANT Frank Anderson
(Address) Deering MO

15. FILE NO. 600-1930 Oda Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-25-30

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16 to Oct. 25, 1930, that I last saw h.s. alive on Oct. 22, 1930, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

barbuncle

151A / 52W
duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY)
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

(Signed) Amey J. Speer, M. D.

10/27/30 (Address) Deering 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

Deering cemetery 10-26-1930

20. UNDERTAKER ADDRESS

Friends War 9

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.

STATE (COUNTRY) THIS IS A PERMANENT RECORD

