MAR 27 1931

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

Do not use this space.

12820

File No. 78

Registered No.

1. PLACE OF DEATH

County: Schuyler — Registration District No. 803

Township: — Primary Registration District No. 4482

City: Glenwood (No. ..., ... St. ... Ward)

2. FULL NAME: Cornelia Frances 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12/28/1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	75	2	6	

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): 795

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co. Mo

PARENTS

10. NAME OF FATHER: Levi Ketchum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known 31

12. MAIDEN NAME OF MOTHER: Mary Litton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: Mrs. Ora Bryan
(Address): Glenwood, Mo.

15. FILED 3/9, 1931 George Rawlo REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 4 1931

17. I HEREBY CERTIFY, That I attended deceased from January 10, 1931, to March 4, 1931, that I last saw h. ... alive on March 4, 1931, and that death occurred, on the date stated above, at 9 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerotic dimentia

796

91 (duration) ... yrs. 1 mos. 4 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis

(duration) 3 yrs. — mos. — ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) E. E. Gilbert, M.D.O.

, 19 (Address) Lancaster, 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: Glenwood Cemetery — DATE OF BURIAL: Mar 8 1931

20. UNDERTAKER: John A. Roberts — ADDRESS: Lancaster Mo.

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.