WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

SEP 21 1931

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

Do not use this space.

File No. 27574

Registered No. 882

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. 2815 South 21st. St. Ward)

2. FULL NAME: Channa Francos Thompson,

(a) Residence, No. 2815 South 21st. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5, 1877

7. AGE: Years 53 — Months 9 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home,

10. Date deceased last worked at this occupation (month and year): August 1931

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dearborn, Missouri,

FATHER

13. NAME: Philander Thompson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem, Oregon,

MOTHER

15. MAIDEN NAME: Rebecca Williams,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dearborn, Missouri,

17. INFORMANT (ADDRESS): Jesse Thompson 2815 South 21st. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Aug. 25, 1931

19. UNDERTAKER (ADDRESS): Weston Belle & Bowman 319 South 10th. St.

20. FILED: AUG 24 1931, 19.... John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Aug 23, 1931. I last saw her alive on Aug 18, 1931. Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver with cirrhosis —	
Vascular involvement	
Had cerebral hemorrhage	
Feb 19 30	

Other contributory causes of importance: Liver

Name of operation: Date of:

What test confirmed diagnosis? Unusual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Frison, M. D.

(Address) St. Joseph Mo