

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

Do not use this space.

35032

File No.
Registered No. 57
St. Ward)

1. PLACE OF DEATH

County Marion Registration District No. 5-K8
Township Liberty Primary Registration District No. 4328
City Palmyra (No. St. Ward)

2. FULL NAME

Anna Thompson Dingle

(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

2 MEDICAL CERTIFICATE OF DEATH

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 OR (OR) WIFE OF

James Shannon Dingle

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

Feb. 1 - 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>63</u>	<u>8</u>	<u>25</u>	<u> </u>

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)

Palmyra Mo.

10. NAME OF FATHER

Wm H. Thompson

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

Staunton Virginia

12. MAIDEN NAME OF MOTHER

Pauline Bates

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

Marion Co. Mo

14. INFORMANT (Address)

Mrs. Pauline Knobb
Kirkville Mo.

15. FILED (Date)

Oct. 27, 1931 Stamford
REGISTRAR

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

Oct. 26 1931

17. I HEREBY CERTIFY, That I attended deceased from

Oct 21 1931 to Oct 26 1931
that I last saw her alive on Oct 26 1931, and that death occurred, on the date stated above, at 3115-A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
154
744
occasional light mel (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) stomach (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: St. Louis
DID AN OPERATION PRECEDE DEATH: no DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS

clinical + chemical
(Signed) Stamford, M. D.

Oct. 27, 1931 (Address) Palmyra 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

Greenwood Cem. Palmyra Oct. 28 1931

20. UNDERTAKER

ADDRESS

E. J. Spague Palmyra Mo.

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

NOV 24 1931

