

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

Do not use this space.

1. PLACE OF DEATH

County Peru
Township Peru
City Taylor (No. _____)

Registration District No. 651
Primary Registration District No. 9863

File No. 35240
Registered No. 159
St. _____ Ward _____

2. FULL NAME Lorine 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. 4 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) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 0 27

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Arnold Ark
(STATE OR COUNTRY)

13. NAME Carl Thompson

14. BIRTHPLACE (CITY OR TOWN) Ayers Tenn
(STATE OR COUNTRY)

15. MAIDEN NAME Gurley

16. BIRTHPLACE (CITY OR TOWN) Clifton Tenn
(STATE OR COUNTRY)

17. INFORMANT J. W. Thompson
(ADDRESS) Coatesville

18. BURIAL, CREMATION OR REMOVAL PLACE Methodist DATE 10-27-1931

19. UNDERTAKER Granger and Co
(ADDRESS) St. Louis

20. FILED Nov. 13, 1931 Ada Martin
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1931, to 26, 1931. I last saw him alive on 26 Oct, 1931. Death is said to have occurred on the date stated above, at 11:38 m.

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

ulcerated tonsillitis
developed blood form
115A
36 115A

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 1

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) J. B. McDaniel, M. D.
(Address) St. Louis 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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

J. B. McDaniel

DEC 10 1931

