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.

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

Do not use this space.
36775

1. PLACE OF DEATH
County: Atchison — Registration District No.: 20
Township: ~~Farkio~~ Colfax — Primary Registration District No.: 5028
City: ..... No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: Mrs Lila Neta Thomson
(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: 1 yrs. 18 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Robert Thomson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 25-1883

7. AGE — YEARS: 48 — MONTHS: 7 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife.
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) (STATE OR COUNTRY): Near Fairfax Mo.

FATHER
13. NAME: Wm N. Curry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fort Spring W. Va.

MOTHER
15. MAIDEN NAME: Julia M. Bright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fort Spring W. Va.

17. INFORMANT (ADDRESS): J. B. Curry Fairfax Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: English Grove — DATE: Dec. 2, 1931

19. UNDERTAKER (ADDRESS): H. H. Schooler Fairfax, Mo.

20. FILED: Nov 30, 1931 — C. M. Vaughn, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept-20, 1931, to Nov 30, 1931
I last saw her alive on Nov 30, 1931. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23A	
23	
Other contributory causes of importance:	

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Microscopical 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? No
If so, specify: .....
(Signed) C. M. Vaughn, M. D.
(Address) Fairfax Mo.