

FORM RESERVED FOR BINDING

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**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township St Joseph Primary Registration District No. 1001  
 City St Joseph No. of State Mo 42 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3806  
 Registered No. 758

**2. FULL NAME**

(a) Residence. No. Sarah J. Thompson St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Lock Springs Mo (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James L. Thompson</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1857</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>(Unknown)</u>		
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>housewife</u>				
(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) <u>Virginia</u>				
PARENTS	10. NAME OF FATHER <u>Joseph Nadie</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Virginia</u>			
	12. MAIDEN NAME OF MOTHER <u>Sarah Carter</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Virginia</u>				

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 - 1932  
 17. I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to Feb 18, 1932 that I last saw him alive on Feb 18, 1932, and that death occurred, on the date stated above, at 7:33 am.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis (duration) 6 mos. 4 ds.  
 CONTRIBUTORY (SECONDARY) Senile Psychosis and Epilepsy over 2 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT A PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) W. Clemon Smith, M. D.  
Feb 18, 1932 (Address) St Joseph 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.

14. INFORMANT (Address) <u>Records State Hosp # 2</u> <u>St Joseph Mo</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Lock Springs Mo</u>	DATE OF BURIAL <u>Feb 20 - 1932</u>
15. FILED <u>2-19-32</u> <u>Colm D. Bendure</u> REGISTRAR	20. UNDERTAKER <u>Gas D London</u>	ADDRESS <u>Senellcath Mo</u>

