

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.

APR 24 1932

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

Do not use this space.
5852

1. PLACE OF DEATH
93 County St. Clair Registration District No. 762
2 Township Collins Primary Registration District No. 4457
1 City Collins (No.) St. Ward)

2. FULL NAME Emily Caroline Thompson
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

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 OR (OR) WIFE OF C. S. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>1</u>	<u>12</u>	

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

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) Missouri

FATHER

13. NAME Lowell Carpenter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Sarah Hutchinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mattie Eads Collins Mrs
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allen Cems DATE Feb 5 1932

19. UNDERTAKER J. F. Firestone
(ADDRESS) Collins, Mo.

20. FILED Feb 5 1932 Mrs. C. C. Landers
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1932 to Feb 4 1932
I last saw her alive on Feb 4 1932 Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia secondary to influenza
Date of onset

Other contributor/causes of importance:
11A / 107A

Name of operation no physical factors Date of
What test confirmed diagnosis? physical factors 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 (3)

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Dr. E. D. Brown D. O. M. D.
(Address) Collins Missouri

