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

Do not use this space.

21758

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875

Township Washington — Primary Registration District No. 6162

City ..... (No. 4 ....., ... St. ..... Ward)

File No. .....

Registered No. 136.

2. FULL NAME Mary E. Thompson

(a) Residence, No. State Hospital #3 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.

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.

JUL 27 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3, 1859

7. AGE: Years 73 — Months 2 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Penn. 2

FATHER

13. NAME: Pearson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Rita

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): State Hospital #3 Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital #3 DATE 6-20-32, 19

19. UNDERTAKER (ADDRESS): John E. Myers Nevada, Mo

20. FILED 6-20, 19 32 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1931, to June 16, 1932

I last saw her alive on June 16, 1932. Death is said to have occurred on the date stated above, at 2:20 pm.

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

	Date of onset
Ch. myocarditis	?
093C	
162	

Other contributory causes of importance:

Senile dementia	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? Yes.

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) K. Sugstad, M. D.

(Address) State Hospital #3

Montrello - Mo