

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

Do not use this space.

33043-5

**1. PLACE OF DEATH**

74 County Nodaway Co.  
Township Nodaway Township  
City (No. ...., ..... St. .... Ward)

Registration District No. 618  
Primary Registration District No. 5820

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

**2. FULL NAME**

Elizabeth 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. mos. 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 (Use the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 1st, 1842</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>6</u>
	DAYS <u>5</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Indiana</u>		
FATHER	13. NAME <u>Mike King</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Anna Burch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT (ADDRESS) <u>Mertie Whited Burlington Jct., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Workman Chapel</u> DATE <u>Oct 7</u> 19 <u>32</u> <u>Price Furniture Co.</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Kenyon</u>		
20. FILED <u>Oct 7</u> 19 <u>32</u> <u>W. B. Kenyon</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1932 to October 6 1932  
I last saw him alive on Sept 27 1932. Death is said to have occurred on the date stated above, at 59 m.  
The principal cause of death and related causes of importance were as follows:  
Paraplegia  
186 A  
1940  
860  
Other contributory causes of importance:  
Bell against stove and injured spine  
Date of onset 9/18/32

Name of operation..... (1) Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) W. B. Kenyon, M. D.  
(Address) Manly, 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.

28 1932

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