

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

Do not use this space.

**36410**

**1. PLACE OF DEATH**

65 County Merced  
2 Township Bergman  
2 City Princeton (No. ....)

Registration District No. 556  
Primary Registration District No. 4328

File No. ....  
Registered No. 39  
St. .... Ward)

**2. FULL NAME**

Dancy M. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
86 5 26

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House work  
(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) Missouri

10. NAME OF FATHER Isaac O. Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Sorrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Jim Thompson (Address) Princeton Missouri

15. FILED 11/8 32 19 32 J. Murray REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1932 to Nov 8 1932 that I last saw her alive on Nov 7 1932 and that death occurred, on the date stated above, at 4 - 2 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Spurillity  
Croupous Pneumonia  
108  
162 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Phys Signs  
(Signed) Charles W. Bunker M. D.  
11/8 19 32 (Address) Princeton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Middlebury Cemetery DATE OF BURIAL Nov 9 1932

20. UNDERTAKER Boel Moss ADDRESS Princeton Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

\*A. 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.

JAN 9 1933

