

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

Do not use this space.

1110

1. PLACE OF DEATH

County Harrison Registration District No. 334
Township Bidaway Primary Registration District No. 4147
City Bidaway (No.) St. Ward

File No. 712
Registered No.
St. Ward

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1851

7. AGE YEARS 81 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

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) Indiana

13. NAME Steven Thompson

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

15. MAIDEN NAME

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

17. INFORMANT Charles Ashford
(ADDRESS) Bidaway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Manson DATE 1/16 1933

19. UNDERTAKER S. M. Hall
(ADDRESS) Bidaway Mo

20. FILED 2/10 1933 J. J. Haines
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1932 to Jan 13 1933
I last saw him alive on Jan 12 1932 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

107 A
Bronchial pneumonia

Other contributory causes of importance:
107 A

Name of operation 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?
If so, specify
(Signed) A. L. Wessling, M. D.
(Address) Bidaway 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.

