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

Do not use this space.

2190

56

1. PLACE OF DEATH
County: Lewis
Township: Canton
City: Canton (No. ..., ..., St. ..., Ward)

Registration District No. 477
Primary Registration District No. 5641

File No. ...
Registered No. 7

2. FULL NAME: Annie Lee 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): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Nathan Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 27-1862

7. AGE: Years 70 | Months 3 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Corder, Mo.

FATHER
13. NAME: Samuel Van Meter
31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Susan Catherine Corder
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Clyde Thompson Son Canton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Grove Canton Mo. DATE: Feb. 1, 1933

19. UNDERTAKER (ADDRESS): F. D. Kelly Canton Mo.

20. FILED: Jan. 31, 1933 H. W. Harris, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1933, to Jan. 30, 1933

I last saw her alive on Jan. 30, 1933. Death is said to have occurred on the date stated above, at 3:00 P.m.

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

	Date of onset
Bronchopneumonia	
107A	

Other contributory causes of importance:

10 PM

Name of operation: ... Date of: ...
What test confirmed diagnosis? Symptoms 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) H. W. Harris, M. D.
(Address) Canton, 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.