

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County Bell  
Township Union  
City Union (No. 42)

Registration District No. 5111  
Primary Registration District No. 5111

File No. 4703  
Registered No. 4703  
St. Union Ward 1

## 2. FULL NAME

(a) Residence, No. Laure Ertle Thompson St. Union Ward 1  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>F. M. Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4-1858</u>		
7. AGE <u>74</u>	YEARS <u>4</u>	MONTHS <u>0</u>
DAYS <u>0</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>House wife</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) Murphyboro  
(STATE OR COUNTRY) Ill.

FATHER	13. NAME <u>John Rallens</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Union</u> (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Don't know</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)

17. INFORMANT Reuben Thompson  
(ADDRESS) Union

18. BURIAL, CREMATION, OR REMOVAL  
PLACE True Hill DATE Feb 5-1932

19. UNDERTAKER Ed. H. Webb  
(ADDRESS) Union

20. FILED 1 REGISTRAR Ed. H. Webb

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1932 to 2-2-1932  
I last saw him alive on 1-24-1932 Death is said to have occurred on the date stated above, at m.  
The principal cause of death and related causes of importance were as follows:

C. ardis omia  
46B  
11/11  
46B  
Other contributory causes of importance:  
weak stomach

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 32  
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) C. H. Davis, M. D.  
(Address) Union

