

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

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.

MAY 22 1933

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

Do not use this space.  
12738

1. PLACE OF DEATH  
 25 County Leitch Registration District No. 207  
 4 Township ..... Primary Registration District No. 4125  
 2 City Platteburg Mo (No. ....) St. .... Ward .....

2. FULL NAME Emma 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 66 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 widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF W. L. Thompson (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>69</u>		<u>5</u>	<u>17</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping

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) Quincy Mo

FATHER 13. NAME George Carter

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

MOTHER 15. MAIDEN NAME Fannie Moreland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platteburg Mo, Clinton Co Mo.

17. INFORMANT W. S. Hays (ADDRESS) Platteburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy DATE April 26, 1933

19. UNDERTAKER J. W. Wynn (ADDRESS) Platteburg Mo.

20. FILED 4/27 1933 W. Chaстан Deputy Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to April 24, 1933  
 I last saw her alive on April 24, 1933. Death is said to have occurred on the date stated above, at 10:12 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Heart failure (mitral regurgitation) Date of onset Apr 1  
418 P. D. W.  
 Other contributory causes of importance:  
Secondary Anemia

Name of operation None Date of .....  
 What test confirmed diagnosis? None as an autopsy? No

23. If death was due to external cause (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. S. Hays M. D.  
 (Address) Platteburg Mo.

