

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

Do not use this space.

20609

1. PLACE OF DEATH

County Pennicott
Township Hayti
City (No.)

Registration District No. 453
Primary Registration District No. 586K

File No.
Registered No. 62
St. Ward

2. FULL NAME Mama Estene Tompkins

(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 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Febr. 18, 1933</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>3</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.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Hayti, Miss

FATHER	13. NAME <u>W.H. Tompkins</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>
	15. MAIDEN NAME <u>Sadie Zancy</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>

17. INFORMANT W.H. Tompkins
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery no 8 DATE 6-19, 1933

19. UNDERTAKER Roy and Co.
(ADDRESS) Hayti, Mo

20. FILED 6-19-1933 J. J. Fairman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-17, 1933, to 6-18, 1933

I last saw h. er. alive on 6-18, 1933 Death is said to have occurred on the date stated above, at 4 P m.

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

whooping cough

9

Other contributory causes of importance:

Date of onset 4-1-33

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 Whooping cough
(Signed) J. J. Fairman, M. D.
(Address) Hayti, 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.

JUL 28 1933

