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.

AUG 26 1933

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

Do not use this space.

23893

File No. 356

Registered No.

1. PLACE OF DEATH

72 County New Madrid

Township

City (No. , St. Ward)

Registration District No. 604

Primary Registration District No. 5802

2. FULL NAME Ara May 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis R. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-9-1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	9	23	

OCCUPATION

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

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) Beech grove Ky

FATHER

13. NAME J. R. Dexter

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

MOTHER

15. MAIDEN NAME Sarah James

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

17. INFORMANT (ADDRESS) James Thompson New Madrid, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Evergreen DATE , 19

19. UNDERTAKER (ADDRESS) Richards and Co New Madrid Mo.

20. FILED 7/5/ 1933 W. N. O'Bannon V.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-2 1933, to 7-2, 1933

I last saw h— alive on —, 19 Death is said to have occurred on the date stated above, at 6 30 a.m. AM.

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

Cardiac failure

(Probably myocardial degeneration)

from Heating of Bone

Date of onset

Other contributory causes of importance:

93

Name of operation Date of

What test confirmed diagnosis? Heating Was there an autopsy? No

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? No

If so, specify

(Signed) W. L. Dyers, M. D.

(Address) New Madrid Mo

$\frac{1933}{6}$