

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

Do not use this space.

29523

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence Mo (No. Indep. Pariterium W Van Horn St. 4th Ward)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 294

2. FULL NAME Christiana Thompson

(a) Residence, No. 431 1/2 E 9th St., Ward. Laura Kansas
(Usual place of abode)

St., Ward. Laura Kansas
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob C Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5th 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>6</u>	<u>13</u>	

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

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) State of Ohio

13. NAME Unknown Church

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Johanna Thompson (ADDRESS) 2230 E 21st - Laura Kansas (RR 39)

18. BURIAL, CREMATION, OR REMOVAL PLACE Laura Kansas DATE 9-18- 1933

19. UNDERTAKER Laura Kansas (ADDRESS) Laura Kansas

20. FILED Sept 18, 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1933, to Sept 18, 1933. I last saw her alive on Sept 17, 1933. Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:
Pneumonia - Bronchial
Bilateral
Strangulated Right Femoral Inguinal Hernia
Date of onset 9/16/33

Other contributory causes of importance:
Resection binder terminal
Name of operation Shewer Date of 9/15/33
What test confirmed diagnosis? operated on most suspected Was there an autopsy? Yes

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) George Thurman, M. D.
(Address) Independence Mo

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2

Mr Cooks
over
Crown Drug Store
N. E. Cor Square