

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.

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

Do not use this space.

36270
86

1. PLACE OF DEATH
County St. Louis Registration District No. 944
Township Jackman Primary Registration District No. 5447A
City St. Louis (No. 107) St. 107 Ward 107
2. FULL NAME Mary Ellen Thompson
(a) Residence, No. 107 (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 - 1861
7. AGE YEARS 22 MONTHS 12 DAYS 12 If LESS than 1 day, 12 hrs. or 12 min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Nov. 16 - 1861 11. Total time (years) spent in this occupation 22
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
13. NAME Mary Ellen Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
15. MAIDEN NAME Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
17. INFORMANT Harman Adams (ADDRESS) 11-26 1933
18. BURIAL, CREMATION, OR REMOVAL U. B. Green DATE Nov 18 1933
19. UNDERTAKER U. B. Green (ADDRESS) 11-26 1933
20. FILED 11-26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16, 1933
22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1933, to 11-16, 1933.
I last saw her alive on 11-15, 1933. Death is said to have occurred on the date stated above, at 11-16, 1933.
The principal cause of death and related causes of importance were as follows:
Valvular heart
Chronic (four years)
92 A.
Other contributory causes of importance: None
Name of operation None Date of None
What test confirmed diagnosis Autopsy Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1933
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) H. J. Thompson, M. D.
(Address) St. Louis

