WRITE PLAINLY WITH INFADING 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.

38973

1. PLACE OF DEATH
County Worth
Township Fletchall
City Grant City (No. ..... St. ..... Ward)

Registration District No. 903
Primary Registration District No. 6212

File No. .....
Registered No. 36

2. FULL NAME Emma Blaterie 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 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1871

7. AGE YEARS 62 MONTHS 1 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kept house for others
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) July 1933
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.

FATHER
13. NAME John Hunt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

MOTHER
15. MAIDEN NAME Mae E. Dickerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Herbert Thompson Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheridan Cem DATE Nov 21 1933

19. UNDERTAKER (ADDRESS) Jack C. Dunfee Grant City Mo.

20. FILED Nov 20, 1933 John Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933, to Nov-19, 1933.
I last saw her alive on Nov-19, 1933. Death is said to have occurred on the date stated above, at 9 o'p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	Nov-12-33
82A	

Other contributory causes of importance: 82A

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings 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) P J Russ, M. D.
(Address) Grant City Mo