

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Keokuk
City Lawrence (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. 20318
Registered No. 2476 St. 2476 Ward)

2. FULL NAME

(a) Residence, No. Tarkio mo St., Ward. Tarkio, Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Mar</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>54</u>	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R. P.</u>		
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) <u>Missouri</u>		
13. NAME <u>P. A. Thompson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Miss Buckham</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs. Helen Thompson</u> (ADDRESS) <u>Tarkio, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tarkio Mo</u> DATE <u>June 4 1924</u>		
19. UNDERTAKER <u>Wm. C. G. Gortner</u> (ADDRESS) <u>F. C. Gortner</u>		
20. FILED <u>June 4 1924</u> M. M. Crowe <u>act</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3 1924

22. I HEREBY CERTIFY, That I certified deceased from 5/26 1924, to 6/3 1924

I last saw him alive on 6-3 1924 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
460
1238
121 Carcinoma of Rectum

Other contributory causes of importance: diffuse peritonitis

Name of operation Colostomy Date of 4/6

What test confirmed diagnosis? 4/6 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?
If so, specify symptomatic
(Signed) Prof. J. B. Gortner M. D.
(Address) Prof. J. B. Gortner
1421614

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 17 1924

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051

