

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

Do not use this space.

21305

63

**1. PLACE OF DEATH**

73 County Newton Registration District No. 609  
 3 Township \_\_\_\_\_ Primary Registration District No. 4363  
 9 City Neosho (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Hattie W. Thompson  
 (a) Residence, No. 518 W. Spring St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sigel Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-15-1864</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>11</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
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) <u>Seneca Missouri</u>		
13. NAME <u>Samuel Hart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Jilla Mathis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT (ADDRESS) <u>J. A. Guthrie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baptist Cemetery</u> DATE <u>7-22-34</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. DeWard</u>		
20. FILED <u>July 9, 1934</u> <u>Dr. W. M. Roseberry</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY That I attended deceased from March 13, 1934 to June 19, 1934  
 I last saw her alive on June 19, 1934 Death is said to have occurred on the date stated above, at 8:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset Aug. 1933  
Chronic Myocarditis  
 Other contributory causes of importance:  
Arteriosclerosis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Urinalysis 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. A. Guthrie, M. D.  
 (Address) Neosho, Missouri

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.

