

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

Do not use this space.

1056

1. PLACE OF DEATH JAN 1 & 1935
 County Holt
 Township Clay
 City Maitland (No.)

Registration District No. 391
 Primary Registration District No. 121

File No.
 Registered No.
 St. Ward)

2. FULL NAME Mrs. Emma W. 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 yrs. mos. 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 word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leola Thompson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 - 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 10 0

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

13. NAME Shields

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs. Ellis Roberts (ADDRESS) Maitland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE R.O.P. DATE 1-11 1935

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Maitland Mo.

20. FILED 1-11 1935 M.W. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1935 to Jan. 7 1935
 I last saw her alive on Jan. 6 1935 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
arteriosclerosis - several years.

Other contributory causes of importance:
arteriosclerosis - several years.

Name of operation None Date of
 What test confirmed diagnosis? 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) E. M. Findley, M. D.
 (Address) Maitland, Mo.

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.

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RECEIVED

JAN 14 1935

THE STATE BOARD OF HEALTH
OF MISSOURI