

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

Do not use this space.

1979

1. PLACE OF DEATH

County Lewington Registration District No. 508 File No. _____
 Township _____ Primary Registration District No. 3c. 2L Registered No. 8
 City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME

Marie Lois Thompson
 (a) Residence, No. 456 Walnut St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 16 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 7 3

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At Home
 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) Chillicothe MO

13. NAME M.H. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co MO

15. MAIDEN NAME Nannie A. Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hellbough Ky

17. INFORMANT (ADDRESS) M.H. Thompson MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Jan 15 1935

19. UNDERTAKER (ADDRESS) F.B. Norman MO

20. FILED JAN 17 1935 Donald W. Davell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934 to Jan 13, 1935
 I last saw h. or alive on Jan 11, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Pulmonary Tuberculosis (probably 7 months) Date of onset Indefinite
Hyperthyroidism Date of onset not recalled than 1934

Other contributory causes of importance
Complications
Hemorrhoids, and rectal fistula 1933
Colon trouble, Thyroid defect

Name of operation none Date of _____
 What test confirmed diagnosis? Microscope 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) John A. Timmerman, M. D.
 (Address) Chillicothe MO

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.

