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.

2049

File No.
Registered No. 11

1. PLACE OF DEATH
County Livingston Registration District No. 508
Township Primary Registration District No. 3026
City Chillicothe (No. , St. Ward)

2. FULL NAME Nancy Ann Thompson
(a) Residence, No. 1456 Walnut St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1877

7. AGE: Years 58 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Hillsboro Ky

FATHER
13. NAME Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Sarah Pounds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) L. F. Thompson Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE 1 17 1936

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

20. FILED Jan. 17 1936 Howell N. Darnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1935 to Jan 16 1936, I last saw her alive on Jan 15 1936. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Clinical 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) R. A. Kiernan, M. D.
(Address) Chillicothe, Mo