

MAR 24 1936

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

Do not use this space.

8832

1. PLACE OF DEATH

County Scott
Township Richland
City Sikeston (No. _____ St. _____ Ward _____)

Registration District No. 851
Primary Registration District No. 4553

File No. _____
Registered No. _____

2. FULL NAME

Florence Thompson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 8 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Scott Co. Mo.

FATHER 13. NAME Joe Robinson

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT Chuter Oldham (ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Co. DATE 2-8-36

19. UNDERTAKER John Albritton (ADDRESS) Sikeston, Mo.

20. FILED 3-3 1936 B. W. Hornell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 6 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1936 to Feb. 6, 1936
I last saw her alive on Feb. 6, 1936. Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Corboid Date of onset _____
Valvular Disease hyp.
Other contributory causes of importance: Vascular Hypertension hyp.

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? _____
If so, specify _____
(Signed) James E. McClure, M. D.
(Address) Sikeston, 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.

