APR 15 1936

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

Do not use this space.

9322

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 325
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Lavada Thompson
(a) Residence, No. 5 Miles So of St. Joseph St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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 Edward Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15. 1900.

7. AGE — Years: 35 — Months: 2 — Days: 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Household
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) Wetherford, O, Oklahoma.

FATHER
13. NAME William H Buchanan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio.

MOTHER
15. MAIDEN NAME Sally York
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

17. INFORMANT (ADDRESS) Edward Thompson DeKalb, Mo. R F D

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park St. Joseph, Mo. DATE March. 4. 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden Union Str St. Joseph, Mo.

MAR 18 1936

20. FILED ....19.... John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March. 2. 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1935, to 3/2, 1936
I last saw her alive on 3/2, 1936. Death is said to have occurred on the date stated above, at 3/05pm
The principal cause of death and related causes of importance were as follows:

Peritonitis, Acute Diffuse

Date of onset

Other contributory causes of importance:
Emphysema of Gall-Bladder
Cor Ectopia fetis

Operation Appendectomy Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Riley M. Walker M. D.
(Address) 310 First State Bank Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 325
City St Joseph (No. St. Ward)

2. FULL NAME Lavada 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
35	2	17	

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

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED March 3, 1936 John R Beuder Registrar.
by HM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

Peritonitis, acute diffuse
121

Date of onset

Other contributory causes of importance:
Cholecystitis, Chronic
Appendicitis, Chronic

Name of operation Cholecystectomy Date of
What test confirmed diagnosis? Appendectomy Was there an autopsy?

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) Riley M. Waller, M. D.
(Address) 31 First State Bank Bldg St Joseph Mo

SUPPLEMENTARY

S-9322