

MAY 20 1936

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

Do not use this space.

14703

1. PLACE OF DEATH

County.....

Dunklin

Registration District No.....

284

Township.....

Hallowell

Primary Registration District No.....

5404 B

City.....

(No.....)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

Fannie E. 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)

Widow

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

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

May 3 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*92**11**12*

OCCUPATION

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

Horse Keeping

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)

Mo.

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)

Mrs Ida Bass

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Floyd

DATE

4/16

1936

19. UNDERTAKER

(ADDRESS)

Anderson Funeral Home

20. FILED

DATE

5-11

1936

J. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr. 15 1936

22. I HEREBY CERTIFY, That I attended deceased from

March 1 1936 to April 15 1936

I last saw him alive on

April 15 1936

Death is said

to have occurred on the date stated above, at

6 A. M.

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

Chronic Myocarditis about 6 months ago

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

no

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)

M. L. Cone, M. D.
Campbell, Mo.

(Address)

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.

