

JUN 25 1936

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

Do not use this space.

20481

1. PLACE OF DEATH

County Ripley  
Township Thorman  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 751  
Primary Registration District No. 5990

File No. 18  
Registered No. 1313  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emma Patsey 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 5 29

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. Housewife

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) Butler Co. Mo.

13. NAME Elus Brown

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) OK

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) D.K. Graham OK

17. INFORMANT Bessie Thompson (ADDRESS) 1215 S. 2nd St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blacksburg DATE May 5 1936

19. UNDERTAKER W.H. Gray (ADDRESS) Garwood, Mo.

20. FILED 5/5 1936 Stewart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27 1936, to May 4 1936  
I last saw him alive on May 4 1936 Death is said to have occurred on the date stated above, at 11 p.m.

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

Labor pneumonia

Date of onset about April 25

Other contributory causes of importance:

Bronchial pneumonia

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? usual 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) Stewart, M. D.

(Address) Wayton Mo.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

The first of these is the fact that the
 *colloquia* are not merely a collection
 of isolated facts, but a carefully
 organized and systematic treatment
 of the subject. The author has
 succeeded in presenting a clear and
 concise account of the history and
 development of the language, and
 in doing so has provided a valuable
 resource for students and scholars
 alike. The book is well written and
 easy to read, and it is a pleasure
 to find a work of this quality in the
 field of linguistics.

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