

SEP 23 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30678

1. PLACE OF DEATH

County Henry ~~Franklin~~ ~~Thompson~~ Registration District No. 14
Township Windsor Primary Registration District No. 42111
City Windsor (No.) St. Ward

File No.
Registered No. 24

2. FULL NAME

Mrs. Elizabeth 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 16

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) Henry County Missouri

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT L. M. Thompson (ADDRESS) Rock Island, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Aug. 18 19 36

19. UNDERTAKER Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED 8-18 19 36 Ed J. Jennings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17 19 36

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1936, to Aug. 16, 1936.
I last saw alive on Aug. 16, 1936. Death is said to have occurred on the date stated above, at 5:00 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
8221
Other contributory causes of importance: Hypertension 1-1-25
Date of onset 8-13-36

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) J. A. Blackmore, M. D.
(Address) Windsor, Mo.

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

Every physician should state EXACTLY PHYSICIANS should state

