

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

Do not use this space.

43423

DEC 30 1936

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall Mo. (No. _____)

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 227
St. _____ Ward _____

2. FULL NAME

(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.

Eva Thompson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 18 - 1894</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>7</u>
	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Marshall Mo</u>		
MOTHER	13. NAME <u>Salomonia Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo</u>	
	15. MAIDEN NAME <u>Mary Ray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo</u>	
17. INFORMANT <u>Reginald Wood</u> (ADDRESS) <u>Marshall Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Ferguson</u>	DATE <u>Dec 2</u> , 19 <u>36</u>
19. UNDERTAKER (ADDRESS) <u>F. P. Ferguson, Marshall, Missouri</u>		
20. FILED <u>Dec. 2</u> , 19 <u>36</u>	<u>Deben Pastore</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1936, to 11-24, 1936
I last saw her alive on 11-24, 1936 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:
apoplexy
suffered heart pain
30 min

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Blue 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) A. J. Johnson, M. D.
(Address) Marshall Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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