

MAR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Andrew  
Township Denton  
City..... (No.....)..... (Ward.....)Registration District No. 95  
Primary Registration District No. 4-009File No. 4822  
Registered No. ....2. FULL NAME Sarah B. Thompson(a) Residence, No. R. 2, Box 3 St., ..... Ward, .....Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX R 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Thompson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 - 18727. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
65 0 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Rosendale  
mo13. NAME Harmon Hamlich14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) algeria co  
Pa15. MAIDEN NAME Katherine Phillips16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flag Springs  
mo17. INFORMANT (ADDRESS) William H. Thompson  
Rosendale, R. 2, Box 318. BURIAL, CREMATION, OR REMOVAL PLACES Lower Meigs Bros DATE 2 - 9 193719. UNDERTAKER (ADDRESS) E. G. Drick  
Rosendale mo20. FILED 2 - 8 1937 W. J. Wood Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 7 193722. I HEREBY CERTIFY, That I attended deceased from 2 - 2 1937, to 2 - 7 1937I last saw her alive on 2 - 6 1937. Death is said to have occurred on the date stated above, at 5:45 p. m.

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

bronchial  
Bronchial pneumonia 2-2-37Other contributory causes of importance: 10/72

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Dr. V. R. Wilson, M. D.(Address) Rosendale 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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