

JUN 28 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Ralls
 Township Clay
 City Marion (No. 1)

Registration District No. 728
 Primary Registration District No. 596

File No. 21066
 Registered No. 155
 St. 2 Ward 1

2. FULL NAME

Mary Elizabeth Tompkins
 (a) Residence, No. Hannibal Mo R #4 St. 4 Ward. 1
 (Usual place of abode)
 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 Wm Harrison Tompkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1863
 7. AGE YEARS 73 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

8. 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) Marion Co., Missouri
 (STATE OR COUNTRY)

13. NAME William Medcalf
 14. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Martin
 16. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY)

17. INFORMANT Jas B. Tompkins
 (ADDRESS) Hannibal, Mo. R #4

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Barkley DATE May 19, 1937

19. UNDERTAKER Wm M Smith
 (ADDRESS) 902 Bdwy Hannibal Mo

20. FILED June 10, 1937 Marion Short
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1937

22. I HEREBY CERTIFY That I attended deceased from May 15, 1937 to May 7, 1937
 I last saw him alive on May 7, 1937 Death is said to have occurred on the date stated above at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Ca of stomach
46

Other contributory causes of importance:

Exstic hernia
Chronic myocarditis

Name of operation Ch Date of 20
 What test confirmed diagnosis? Ch Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury NO
 Where did injury occur? NO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO
 Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify NO
 (Signed) W. M. Short M. D.
 (Address) 1001 P. St. Hannibal Mo

N. E.—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.

