

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

Do not use this space.

1. PLACE OF DEATH

97 County Saline Tr. Co. Mo.

Registration District No. 799

File No. 21458

Township

Primary Registration District No. 4479

Registered No. 22

4 City Slater, Mo. (No. 9)
Nancy Francis Thomson

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 20, 37. 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Loyd Thomson (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to May 26, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1852.

I last saw her alive on May 16, 1937. Death is said

7. AGE YEAR 84 MONTHS 6 DAYS 8/17 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 2:30 P. M.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

Gastric Carcinoma ? Date of onset _____

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 _____

Other contributory causes of importance: H. Buxton - or Stenard

12. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

13. NAME Frank Brown 14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

Name of operation None Date of _____ What test confirmed diagnosis? Cholera Was there an autopsy? No

15. MAIDEN NAME Francis Goodman 16. BIRTHPLACE (CITY OR TOWN) Kentucky. (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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.

17. INFORMANT L.G. Thomson (ADDRESS) Slater Mo.

Manner of injury None Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Mo DATE May, 28th, 37.

19. UNDERTAKER Jones and Salzer, Slater Mo. (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) W. S. Letchford, M. D. (Address) Slater Mo

20. FILED 5-26-37 W. M. Tuttle Registrar.

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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