

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.

JUL 27 1937

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

Do not use this space.

19
8
2

1. PLACE OF DEATH

County Cass
Township
City Harrisonville

Registration District No. 156
Primary Registration District No. 4090

File No. 23406
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Adrain Mo
(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 TRACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-girl
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) Adrain Mo

13. NAME Harold G. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mifflin Pa

15. MAIDEN NAME Glady's Truckberry

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

17. INFORMANT (ADDRESS) Harold G. Thompson Adrain Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cove Creek Cemetary June 16, 1937

19. UNDERTAKER (ADDRESS) Cremation Co Adrain Mo

20. FILED June 15, 1937 E. M. Griffith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to June 15, 1937
I last saw her alive on June 15, 1937. Death is said to have occurred on the date stated above, at 2:05 a.m.
The principal cause of death and related causes of importance were as follows:

Burns due to explosion of Cook stove. Poured kerosene oil on fire in stove. Date of onset _____

Other contributory causes of importance: 181

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signed) E. M. Griffith
(Address) Adrain Mo

