JUL 28 1937

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

Do not use this space.

File No. 23698

Registered No. 479

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. 1045, Stewart St. Ward)

2. FULL NAME: Mary Thompson

(a) Residence, No. 1045 Stewart St., Ward. Ava Mo
(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W.M. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	5	23	

OCCUPATION

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

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): Ark

FATHER

13. NAME: Hue Halmantan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Pallie McMallie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

17. INFORMANT: Mrs. Thompson
(ADDRESS): Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenhope Douglas Co DATE: June 5, 1937

19. UNDERTAKER: C. D. Blinkilgbard
(ADDRESS): Ava Mo

20. FILED June 4, 1937 Chas A. George M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to June 3, 1937

I last saw her alive on June 3, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

	Date of onset
Cortical Regurgitation	

Other contributory causes of importance:

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:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) J. D. Ferguson, M. D.
(Address) Ava Mo.

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.