

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Putnam Registration District No. 501
Township Lowest Creek Primary Registration District No. 3666
City Couchs Spring (Not a City) St. _____ Ward _____

File No. 24185
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Anna B Thompson
(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

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 Widowed

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 3 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X X X

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) St. Louis Missouri

13. NAME X X X X

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X X X

15. MAIDEN NAME X X X X

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X X X

17. INFORMANT Mrs Bernice Mahanne (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Marble DATE 7-8

19. UNDERTAKER James McLaughlin (ADDRESS)

20. FILED 7-8 1937 J.W. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937 to July 6, 1937
I last saw her alive on July 6, 1937 Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

General Arterio-sclerosis?
Coronary Thrombosis 6/23/37
(Cardiac Sclerosis also)

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? normal Wallerstein 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? _____
If so, specify _____
(Signed) Ray R. Haley, M.D.
(Address) Brookfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

58

2

20
31
31

