

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Chalpers
Township Rolla
City Rolla (No. _____)

Registration District No. 677
Primary Registration District No. 4403

File No. 24582
Registered No. 89
St. _____ Ward _____

2. FULL NAME Armilda E Thompson

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-1862

7. AGE YEARS 75 MONTHS 3 DAYS — If LESS than 1 day, _____ hrs. or _____ min.

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

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) 1-1-37 11. Total time (years) spent in this occupation 41 7/8

12. BIRTHPLACE (CITY OR TOWN) Washington Co (STATE OR COUNTRY) MO

13. NAME Geo Hughes

14. BIRTHPLACE (CITY OR TOWN) Washington Co (STATE OR COUNTRY) MO

15. MAIDEN NAME Jane Hood

16. BIRTHPLACE (CITY OR TOWN) MO (STATE OR COUNTRY) _____

17. INFORMANT B. H. Thompson (ADDRESS) St James MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesleyan Cem DATE 7-7-37 1937

19. UNDERTAKER W. Schickler (ADDRESS) St James MO

20. FILED July 7 1937 Joe F. Ayers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-2-1937 to 7-6-1937

I last saw h. e. v. alive on 7-6-1937. Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Carcinoma of the intestines

Date of onset

Other contributory causes of importance: NO

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 _____

(Signed) W. Schickler, M. D.

(Address) Rolla 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.

