NOV 17 1937

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

Do not use this space.

37544

1. PLACE OF DEATH

County DeKalb — Registration District No. 264 — File No.

Township Grant — Primary Registration District No. 5367 — Registered No.

City ~~Fairport~~ (No. ..... St. ..... Ward)

2. FULL NAME Amanda Evaline Thompson

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13-1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	78	1	0	

OCCUPATION

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

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) DeKlab Co. Mo.

FATHER

13. NAME Valentine Bledsoe

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

MOTHER

15. MAIDEN NAME Cathrine Bittle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Chas. Co. Mo.

17. INFORMANT (ADDRESS) Granville Thompson Fairport Mo.

18. BURIAL, CREMATION, OR REMOVAL Fairport Cem DATE 10/15-37, 19

19. UNDERTAKER (ADDRESS) U. G. Pilcher Maysville Mo.

20. FILED 10-15-, 1937 Mrs. Kessler Ginn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw her ~~alive on~~ after death, 19..... Death is said to have occurred on the date stated above, at 8:30 m P M

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

Coronary Embolism

Date of onset

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? no

If so, specify .....

(Signed) E. F. Waters, M. D.

(Address) Maysville Missouri

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.