

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.

DEC 29 1937

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

Do not use this space.

21

42791

1. PLACE OF DEATH

County Moorth
Township Smith
City Atchadaca (No. 0211)

Registration District No. _____
Primary Registration District No. 923

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

2. FULL NAME

Adaline Francis Thompson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 <u>♀</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benedict Thompson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12, 1847</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>1</u>	<u>90</u>	<u>2</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	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) <u>Sept 1936</u>		11. Total time (years) spent in this occupation <u>69</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grant City, Mo.</u>				

MOTHER	13. NAME <u>Jacob Grindstall</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Rebecca Bairley</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Texas Thompson</u> (ADDRESS) <u>Grant City, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hick Cemetery</u> DATE <u>Nov 29 1937</u>	
19. UNDERTAKER <u>Arch C. Dunlee</u> (ADDRESS) <u>Grant City, Mo.</u>	
20. FILED <u>12/9 1937</u> <u>Dred Mull</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1937, to Nov 27, 1937.
I last saw her alive on Nov 26, 1937. Death is said to have occurred on the date stated above, at 4:30 m. p.
The principal cause of death and related causes of importance were as follows:
Brain hemorrhage Date of onset Nov 23

Other contributory causes of importance: SB

Name of operation _____ Date of _____
What test confirmed diagnosis Physic 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? NO
If so, specify _____
(Signed) P. Reas, M. D.
(Address) Grant City, Mo.

