JAN 24 1938

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

Do not use this space.

File No. 46448

Registered No. 272

1. PLACE OF DEATH

County Randolph Registration District No. 735

Township ~~Sugar Creek~~ Primary Registration District No. 3034

City Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME Mary Irene Thompson

(a) Residence, No. Moberly, Mo. 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	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 Major Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24th 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	24	4	0	

OCCUPATION

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.

FATHER

13. NAME Elerd B Heathman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Mo

MOTHER

15. MAIDEN NAME Grace Franklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co.

17. INFORMANT (ADDRESS) Major Thompson Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. Higbee DATE Dec 6th 37

19. UNDERTAKER (ADDRESS) Joe W Burton Higbee Mo.

20. FILED Dec 4, 1937 Ethel [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937, to Dec. 4, 1937

I last saw her alive on Dec. 4, 1937. Death is said to have occurred on the date stated above, at 2:27 a.m.

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

	Date of onset
Salpingitis	Some months
(Do not know cause. Patient was dying of peritonitis when I saw her, Dec 3rd)	

Other contributory causes of importance:
Peritonitis, general

Name of operation None 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) R.D. Streeter, M. D.
(Address) Moberly, 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.