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.

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

Do not use this space.

2
1

1. PLACE OF DEATH

County Caldwell — Registration District No. 96 — File No. 2207

Township Gomer — Primary Registration District No. 5148 — Registered No. 1

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Julia Ann Thompson 512

(a) Residence, No. 1¾ miles N.W. Nettleton, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles E. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 31, 1874

7. AGE: YEARS 63 — MONTHS 2 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Mooresville, Missouri

FATHER

13. NAME: John C. Twoomey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Rachel Ann Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs Jessie Radabaugh, Nettleton, Missouri R 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Mound Mo DATE 1-4 1938

19. UNDERTAKER (ADDRESS): F. B. Norman, Chillicothe, Missouri

20. FILED Jan 3 1937 Merle Brown Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1936, to Jan. 3, 1938

I last saw her alive on Jan. 2, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

	Date of onset
Carcinoma left lung. Metastatic from previous carcinoma of breast	Sept 1937

Other contributory causes of importance: 50

Name of operation None Date of

What test confirmed diagnosis? None 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.

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Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. M. Daley, M. D.
(Address) Hamilton, Mo.