

REC'D MAR 14 1938

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

6088
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1001 Registered No. 163
 (c) City St. Joseph, (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAMEJennie Maud Thompson 5/2

(a) Residence, No. _____ St. Cameron, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Scy Milton Thompson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
36 10 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1938 1938
 22. I HEREBY CERTIFY, That I attended deceased from January 26, 1938, to Feb. 6, 1938
 I last saw her..... alive on Feb. 6, 1938 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart 2-5-38
Acute coronary embolism 2-5-38
 1718
 Other contributory causes of importance:
Bilateral salpingectomy, ovariectomy, appendectomy, conization of cervix 2-3-38
 Name of operation Clinical Date of 2-3-38
 What test confirmed diagnosis? Clinical Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo.
 FATHER 13. NAME Alvin Proffitt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Mo.
 MOTHER 15. MAIDEN NAME Jane Vermillion
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City, Mo.
 17. INFORMANT J.T. Morgan
 (ADDRESS) St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE Feb. 9, 1938
 19. FUNERAL DIRECTOR Walter Meierhoffe
 (ADDRESS) 1302 Faraon St. St. Joseph,
 20. FILED 2-9 1938 J. H. Northcutt
 Local Registrar.

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) Cabray Wortley, M.D. M. D.
 (Address) 731 Faraon St. St. Joseph, Mo.

2-3331 - phone call
139B1

STATEMENT BY LICENSED EMBALMER

I, Walter H. Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. yes
No. Mo. 3946 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Walter H. Kelly
Licensed Embalmer No. Mo. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
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 (c) City St Joseph (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jennie Maud Thompson
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
36 10 19

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as saw mill, bank, etc.....
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

121 B.
Bilateral Salpingectomy Ovar
Excision Appendectomy
 Other contributory causes of importance:
Subacute Salpingitis + ovaritis - non-vid
Subacute appendicitis cause unk!

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4-16 1938 Cabray Worley Local Registrar

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?.....
 If so, specify.....
 (Signed) Cabray Worley, M. D.
 (Address) 234 Farragon St
St Joseph Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

