REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Ray
Township: Crispe Grove
City: Hardin Mo. (No. ..... St. ..... Ward)
Registration District No. 914
Primary Registration District No. 6235
File No. 7968
Registered No. 4

2. FULL NAME: Bettie Thomson 525
(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. 6 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William H. Thomson

6. DATE OF DATE (MONTH, DAY, AND YEAR): Jan. 5 - 1855

7. AGE: Years 86 | Months 2 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper.
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): Hardinville Ky.

FATHER
13. NAME: James Farbes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Melvina Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Fletcher Thomson Stet Mo.

18. BURIAL, CREMATION, OR REMOVAL: Laurel Lawn Cemetery DATE March 6, 1938

19. UNDERTAKER (ADDRESS): R.R. Boggess Hardin Mo.

20. FILED Mar 5 1938 W E Gant Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1932, to March 5, 1938
I last saw her alive on Feb. 16, 1938. Death is said to have occurred on the date stated above, at 2:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis with Cerebral hemorrhage	May 4 1932
124 P.I.	

Other contributory causes of importance: Cross of Lives

Name of operation: Not any 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?
If so, specify

(Signed) L. R. Colby M. D.
(Address) Norborne Mo RR-1

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD