

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

25797
Do not use this space.

1. PLACE OF DEATH
 (a) ~~350 Lewis St~~ **Canton** Registration District No. **477**
 (b) Township **Canton** Primary Registration District No. **3647**
 (c) City (d) Street No. Registered No. **43**
 (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 **Fannie S. Thompson**
 (a) Residence, No. **Lewis County** 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

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 **E. Z. Thompson**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 19th 1861**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 - 18

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 **1**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Warren County, Virginia**

FATHER 13. NAME **Richard Hudnall**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Warren County, Virginia**

MOTHER 15. MAIDEN NAME **May Reager**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Warren County, Virginia**

17. INFORMANT (ADDRESS) **Mrs. Austin McDermott
Canton, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Canton** DATE **July 10th 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **A. A. Roberts
La Grange, Mo.**

20. FILED **July 9, 1938** **H. O. Harris**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 7, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **May 1936** to **July 7, 1938**
 I last saw h. alive on **July 7, 1938**. Death is said to have occurred on the date stated above, at **10 a. m.**
 The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
Hypertension
131
 Other contributory causes of importance:
Arterial Hypertension **May 31**

Name of operation Date of
 What test confirmed diagnosis? **biopsy** 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) **H. O. Harris**
 (Address) **Canton, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on July 7th 1935

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

A. Robert

Licensed Embalmer No.

1676

P. O. Address.....

La Grange, Ill.

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.)

If this body is not embalmed, above space should be left blank.