

REC'D OCT 18 1938

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

31735  
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. 940  
(c) City St. Joseph, (d) Street No. Missouri Methodist 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nora Thompson, 5 12

(a) Residence, No. 2212 Felix 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) Single,  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3y 24, 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 7 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher, Principal  
9. Industry or business in which work was done, as saw mill, bank, etc. Public School,  
10. Date deceased last worked at this occupation (month and year) Sept. 27, 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri, 0

FATHER 13. NAME Spencer P. Thompson, 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri, 0

MOTHER 15. MAIDEN NAME Eleanora Redmon,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

17. INFORMANT (ADDRESS) Mrs. H. G. Williams, 2212 Felix Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE Sept. 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Theodore Berke, Brown, 319 So. 10th. Str., Independence,

20. FILED Sept 13, 1938 A. J. Mitchell, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11th, 1938

22. I HEREBY CERTIFY, that I attended deceased from June 15, 1933 to September 11, 1938  
I last saw her alive on September 11, 1938. Death is said to have occurred on the date stated above, at 10:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Myo. Carditis, chronic (P)  
Coronary, sclerosis (P)  
Arterio sclerosis, general (P)  
Other contributory causes of importance: None

Name of operation None Date of None  
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19...  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) H. W. Carle, M. D.  
301 P. P. S. Bldg (Address)

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.

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STATEMENT BY LICENSED EMBALMER

*W. E. Sumner*

Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself* Sept 11, 19

L. E.

No. \_\_\_\_\_ for by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *W. E. Sumner*

Licensed Embalmer No. 3007

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.)