

DEC 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Morgan Registration District No. 598
Township Osage Moreau Primary Registration District No. 2355
City Paris (No. 5702) St. _____ Ward _____

File No. 39864
Registered No. 38

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. Caywood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 9-1861</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>
	DAYS <u>10</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) <u>Morgan County</u>		
FATHER	13. NAME <u>Thos. Tompkinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>	
MOTHER	15. MAIDEN NAME <u>Jane Caldwell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan County</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Roy Myers, Versailles, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Versailles City</u> DATE <u>Dec. 20</u> , 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Kidwell, Versailles, Missouri</u>		
20. FILED <u>12/2</u> 19 <u>38</u> <u>Will V. Bony Jr.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938, to Nov 30, 1938
I last saw him alive on Nov 25, 1938. Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
hemiplegia
reflex
Date of onset: 9-25-38

Other contributory causes of importance:
arteriosclerosis

Name of operation _____
What test confirmed diagnosis clinical as 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) A. J. Guenna, M. D.
Versailles, Mo. (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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-476

Date Filed 12-6-38