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.

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

Do not use this space.

43992

1. PLACE OF DEATH
County Maries
Township Jefferson
City ..... (No. ..... St. ..... Ward)
Registration District No. 541
Primary Registration District No. 5730
File No. .....
Registered No. .....

2. FULL NAME Mrs. Ella Thompson
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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.

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: Hiram Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1859

7. AGE: YEARS 80 | MONTHS 8 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired housewife
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): Portage City Wis.

FATHER
13. NAME: Daniel Yates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Matilda Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada.

17. INFORMANT (ADDRESS): A. R. Thompson, Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem. DATE 11/25/39, 19

19. UNDERTAKER (ADDRESS): S. G. Licklider, Belle, Mo.

20. FILED Jan 10, 1940 Mrs Genara Johnson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939 to 11-23, 1939
I last saw her alive on Oct 20, 1939. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

92 B

Other contributory causes of importance:

Name of operation ..... 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) C A Bunge M. D.
(Address) Bland Mo