FILED FEB 11 1942

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

1847
Do not use this space.

1. PLACE OF DEATH
(a) County Caldwell
(b) Township Hamilton
(c) City Hamilton (d) Street No. ..... 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 4088 13
Primary Registration District No. 96 1
Registered No. 1

2. PRINT FULL NAME Nancy Elizabeth Thompson
(a) Residence, No. Hamilton Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 1
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 26 1849
7. AGE Years 92 Months 11 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meadville Missouri

FATHER
13. NAME John Herriman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Martha Belshe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meadville Missouri

17. INFORMANT Mrs. C. F. Ridings
(ADDRESS) Hamilton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Meadville Mo DATE Jan. 11 1942
19. FUNERAL DIRECTOR L. P. Weighton
(ADDRESS) Hamilton Missouri
20. FILED Jan 11 1942 Merle Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1942
22. I HEREBY CERTIFY, That I attended deceased from December 22, 1941, to Jan 8, 1942.
I last saw h.e.r. alive on Jan 8, 1942. Death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset 12/22
97

Other contributory causes of importance:
Arterio-Sclerosis Generalized

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Diag. 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? .....
If so, specify .....
(Signed) Herbert R. Booth, M. D.
(Address) Hamilton Mo

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2. 50M-7-20-37 I X12004

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)