REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 317
Township — Primary Registration District No. 4192
City Republic Mo (No. ..... St. ..... Ward) — File No. 14606 — Registered No. .....

2. FULL NAME Sarah Elizabeth Tompkins

(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: Richard Tompkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 12, 1847

7. AGE — YEARS: 90 — MONTHS: 8 — DAYS: 14 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: David Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): G. W. Tompkins

18. ~~BURIAL, CREMATION, OR~~ REMOVAL — PLACE Stotts ville, Mo DATE Apr. 27, 1938

19. UNDERTAKER (ADDRESS): R. S. Alverson & Co Republic, Mo.

20. FILED Apr. 26, 1938 Mrs. Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1938, to April 26, 1938
I last saw h[illegible] alive on April 25, 1938. Death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 24

Other contributory causes of importance: Senility

Name of operation: None ; Date of
What test confirmed diagnosis? Physical S. ; 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) E. L. Deal, M. D.
(Address) Republic Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.