

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

Do not use this space.

22195

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 129
 Township Shawnee Primary Registration District No. 5180
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Nancy J 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James C Thompson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1843
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homemaker
 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) Cape Girardeau Mo
 13. NAME Apermatky
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Virginia
 15. MAIDEN NAME Riny
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Virginia
 17. INFORMANT Odus Thompson
 (ADDRESS) Cape Girardeau Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Park DATE _____ 19 _____
 19. UNDERTAKER W. C. Co
 (ADDRESS) Jackson Mo
 20. FILED July 27, 1932 F. J. Schow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to July 26, 1932
 I last saw him alive on July 26, 1932. Death is said to have occurred on the date stated above, at 9:45 p. m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
 Date of onset Don't know
 Other contributory causes of importance: (D)
 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) R. D. Blaylock, M. D.
 (Address) Pe. California Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

AUG 22 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 129
 Township Shawnee Primary Registration District No. 3180
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Nancy J. 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.

File No. _____
 Registered No. 27

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** wid
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

Other contributory causes of importance:

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

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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.

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE old apple creek **DATE** July 27, 1937

19. UNDERTAKER The Bombardier Co
 (ADDRESS) Jackson mo.

20. FILED 7-27-1937 J. J. Schoser Registrar

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact state of OCCUPATION is very important.

22195