APR 16 1936

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

Do not use this space.

9626

File No. 8

Registered No. 8

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129

Township Shawnee Primary Registration District No. 5-180

City Jackson (No. ..... St. ..... Ward)

2. FULL NAME Shirlie T 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W-Wite	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~
(OR) WIFE OF Fielding T Thompson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	73	0	13	

OCCUPATION

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

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) Near Appleton Mo.

FATHER

13. NAME Rufus Sides

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

MOTHER

15. MAIDEN NAME Nemida Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Pocahontas Mo.

17. INFORMANT Sylvester Thompson
(ADDRESS) Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Apple Creek Cem DATE 3-19-36

19. UNDERTAKER Ogle & Miller
(ADDRESS) Jackson, Mo.

20. FILED 3-19 1936 W. J. Schoen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1936, to 3-18-, 1936

I last saw her alive on 3-17-, 1936. Death is said to have occurred on the date stated above, at 12 m.

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

	Date of onset
Lobar Pneumonia	3-16-36

Other contributory causes of importance:
Simultaneous

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? No

If so, specify .....

(Signed) A K Graham M. D.

(Address) Jackson, Mo.

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.

100M-11-24-33

