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.

OCT 4 1927

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

Do not use this space.

26197

1. PLACE OF DEATH
County Saline — Registration District No. 797 — File No. 141
Township Miami — Primary Registration District No. 6040 — Registered No. 141
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lizzie 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: Colord
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 9-1840
7. AGE: 87 YEARS — MONTHS: 0 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co/Mo

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mary Madison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT (Address): Newton Tompson, Marshall Missouri
15. FILED 8/30 1927 Frank Hullhouse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 29 1927
17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1927, to Aug 26, 1927 that I last saw her alive on Aug 26, 1927, and that death occurred, on the date stated above, at 11:15 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion
120K
1181 (duration) ..... yrs. ..... mos. 10 ds.
CONTRIBUTORY (SECONDARY): Entero Colitis
1143 (duration) ..... yrs. ..... mos. 10 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Home
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) G. D. Hardin, M. D
8/30, 1927 (Address) Marshall, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cow Creek cemetary — DATE OF BURIAL: Aug 31 1927
20. UNDERTAKER: Reuben Robbins — ADDRESS: Marshall, Mo