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

Do not use this space.
18636
File No. 46
Registered No.

1. PLACE OF DEATH
County: Lafayette
Registration District No. 461
Primary Registration District No. 3024
Township: Lexington (No. ... St. ... Ward)

JUN 26 1929

2. FULL NAME: Nancy Caney 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: J. D. Thompson
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 18 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	6	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co. Mo.

PARENTS
10. NAME OF FATHER: John Maberry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Mason
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: J. D. Thompson
(Address): Lexington Mo

15. May 18, 1929 L. D. Cope, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1928, 19..., to May 18, 1929, that I last saw h... alive on May 17, 1929, and that death occurred, on the date stated above, at 12:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gradual debilitation of heart from high blood pressure and slow hemorrhage of brain (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Dropsy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. D. Cope, M. D.
May 18, 1929 (Address) Lexington 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: Lexington Mo
DATE OF BURIAL: May 19 1929
20. UNDERTAKER: Ernest Gregert
ADDRESS: Lex.