

JUL 31

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

Do not use this space.

18708

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. Missouri Methodist Hosp.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 734
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward. Clarksdale, Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2, 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 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver P. Means		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1960		
7. AGE 69	YEARS 6	MONTHS 0
IF LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... At Home.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Andrew Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Benj. B. Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown Penn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Uhlman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Penn.
(STATE OR COUNTRY)

14. INFORMANT John B. Means
Address Tulsa, Okla.

15. FILER John G. [Signature]
JUN 26 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 25, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1930, to June 25, 1930 that I last saw h. ~~ST.~~ alive on June 23, 1930, and that death occurred, on the date stated above, at 7:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute appendicitis
12/15
1 1/2 (duration) yrs. mos. 4 ds.

CONTRIBUTORY acute peritonitis
(SECONDARY) (duration) yrs. mos. 3 ds. ?

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Clarksdale Mo
DID AN OPERATION PRECEDE DEATH? yes. DATE OF June 23/30
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS operation Clinical and laboratory W. J. [Signature] M. D.
(Signed) 6/25, 1930 (Address) St. Joseph Mo

*State to 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 Union Chapel Cemetery
DATE OF BURIAL June, 27, 1930

20. UNDERTAKER Walter Meierhoffe
ADDRESS 1302 Faron St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. 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.

