

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

27543

85

**1. PLACE OF DEATH**

County Bucchanan  
Township  
City St. Joseph

Registration District No. ....  
Primary Registration District No. 100

File No. ....  
Registered No. 847  
St. .... Ward

(No. State Hospital # 2)

**2. FULL NAME**

Fay Thompson  
(a) Residence. No. Hanna City Mo. St. .... Ward.

Hanna City Mo  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None - not known.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 1907</u>		
7. AGE <u>about 24</u>	YEARS	MONTHS
		<u>Unknown</u>
		<u>Unknown</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Female State Hosp. # 2</u> (b) General nature of industry, business, or establishment in which employed (or employer) " " " (c) Name of employer " " "		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY) <u>not known</u>
	10. NAME OF FATHER <u>not known</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY) <u>not known</u>
	12. MAIDEN NAME OF MOTHER <u>not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY) <u>not known</u>

14. INFORMANT <u>Hospital Records</u> (Address) <u>State Hosp. # 2 St. Joseph Mo.</u>
15. FILED <u>8-11-1931</u> <u>John R. Bender</u> REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 8 1931

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to August 8, 1931 that I last saw h. a. alive on August 7, 1931, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
23 H 25  
(duration) yrs. 2 mos. ds.

CONTRIBUTORY None  
(SECONDARY)  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF 4

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory Findings  
(Signed) George W. Foreman, M. D.  
Aug 8, 1931 (Address) State Hosp # 2 St. Joseph 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 <u>Asylum Cemetery</u>	DATE OF BURIAL <u>Aug 12, 1931</u>
20. UNDERTAKER <u>Raussey Funeral Service</u>	ADDRESS <u>9th + Olive</u>

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.

AUG 21 1931

1-24-19