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.

SEP 21 1931

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

Do not use this space.

27546

File No.

Registered No. 850

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City: St. Joseph, (No. 102 No. 19th. St. St. Ward)

2. FULL NAME: Julia Thompson

(a) Residence, No. 102 No. 19 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 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 (*write* the word): ~~Married~~ Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Matthew Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept, 6, 1843

7. AGE: Years 87 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Household 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home. 95

10. Date deceased last worked at this occupation (month and year): Unknown — 11. Total time (years) spent in this occupation: 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Andrew Co.~~ Unknown Andrew Co Mo.

FATHER

13. NAME: Riley Hardy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Va.

MOTHER

15. MAIDEN NAME: Clarinda Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Va.

17. INFORMANT (ADDRESS): Miss Florence Thompson, 102 No. 19th. St.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Auburn Cemetery DATE: Aug. 12, 1931

19. UNDERTAKER (ADDRESS): Walter Maciukoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED 8-12-31, 19 John R. Bender M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug, 10, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from 1915, to Aug 10 1931, 19

I last saw her alive on Aug. 9, 1931. Death is said to have occurred on the date stated above, at 2.00 P.M.

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

	Date of onset
General Senility	
General Arteriosclerosis	
Chronic Nephritis	
Chronic Myocarditis	

Other contributory causes of importance: Abscess of back

Name of operation: Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

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) [illegible], M. D.

(Address) 731 Faraon St. St. Joseph, Mo.