

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

mc Daniel

Do not use this space.

35266

1. PLACE OF DEATH

County Peru Registration District No. 5872
Township Herrington Primary Registration District No. 655
City Deerfield (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME Mathie M. 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. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steele Mo

13. NAME Tom Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steele Mo

15. MAIDEN NAME May Bell Shepard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gratiot Mo

17. INFORMANT Tom Thompson

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 10-10-1931

19. UNDERTAKER Sumner and Co

20. FILED 11/1 1931 Max P. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9 1931

22. I HEREBY CERTIFY, That I attended deceased from all eye, 1931, to death, 1931.

I last saw him alive on 1 Oct, 1931. Death is said

to have occurred on the date stated above, at _____ m.

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

Starvation Date of onset _____

189
189

Other contributory cause of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

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? _____

If so, specify _____

(Signed) J. R. McDaniel M. D.

(Address) Steele Mo

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.

