

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.

1934

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

Do not use this space.

36088

1. PLACE OF DEATH
 County Dekalb Registration District No. 269
 Township Camden Primary Registration District No. 1359B
 City Maysville (No.) St. Ward

2. FULL NAME Maggie 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johannie Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 18 1857</u>		
7. AGE	YEARS	MONTHS
	76	7
		DAYS
		21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		At home
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) Hardin Co (STATE OR COUNTRY) Ohio

13. NAME J. E. Jackson

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Jane Brant

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT Mrs Rosa Daiter (ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL Ridgville Cem DATE 11/10-33

19. UNDERTAKER U.G. Pilcher (ADDRESS) Maysville Mo

20. FILED 11-10 1933 J. P. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept-10 1932 11-9 1933
 I last saw him alive on 11-9 1933 Death is said to have occurred on the date stated above, at 8²⁰ a.m.
 The principal cause of death and related causes of importance were as follows:
Hypertension
Chronic Myocarditis
 Date of onset 1930?
 Other contributory causes of importance: 102 93

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 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) J. P. Phelps M. D.
 (Address) Maysville Mo

