

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

Do not use this space.

8714

**321. PLACE OF DEATH**

County DeKalb Registration District No. 259  
Township Dallas Primary Registration District No. 5366  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. ....

**2. FULL NAME** Julie Ann 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. B. Thompson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 1 28

OCCUPATION  
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) Warren Co.  
(STATE OR COUNTRY) Iowa

FATHER  
13. NAME Samuel Washburn

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

MOTHER  
15. MAIDEN NAME Betsy Ann Densmore

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

17. INFORMANT H. B. Thompson  
(ADDRESS) Weatherby Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL Hopewell Cem. DATE 3/17-34 19.

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

20. FILED 3/16-34 19 34 Hattie Gibson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1934  
22. I HEREBY CERTIFY, that I attended deceased from Jan 10 1934, to March 10 1934  
last saw her alive on March 10 1934 Death is said to have occurred on the date stated above, at 10:09 p. m.

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

Carcinoma of  
Jejunum

Other contributory causes of importance:

460 46  
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?  
If so, specify .....  
(Signed) H. B. Reynolds, D. O.  
(Address) Maysville 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.

