

SEP 18 1935

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

Do not use this space.

25787

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120
Township _____ Primary Registration District No. 2009
City Cape Girardeau (No. 1) Hospital

File No. _____
Registered No. 217
St. _____ Ward)

2. FULL NAME

Lizzie Thompson
(a) Residence, No. 121 Attenville, Mo. St. _____ Ward. Attenville Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 - 1863</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>2</u>
		<u>13</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Attenville</u>		
FATHER	13. NAME <u>Tom Simmons</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hape Co., Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Crisswell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Co., Mo.</u>	
17. INFORMANT (ADDRESS) <u>James W. Simmons</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE _____ DATE <u>8/10/35</u>		
19. UNDERTAKER (ADDRESS) <u>McComb's - Jackson, Mo.</u>		
20. FILED <u>8/9/35</u> <u>J. M. Thompson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935, to Aug 9, 1935.
I last saw h alive on Aug 8, 1935. Death is said to have occurred on the date stated above, at 7:45 AM.
The principal cause of death and related causes of importance were as follows:
Colitic carcinoma of Rectum Date of onset July 18, 1935

Other contributory causes of importance:
Bacterial intestinal infection July 18, 1935

Name of operation _____ Date of _____
What test confirmed diagnosis Biopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. H. Hall M. D.
(Address) Cape Girardeau, 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.

WHILE LIVING, WITH EMPLOYMENT THIS IS A PERMANENT RECORD

