

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

Do not use this space.

NOV 22 1935

33210

**1. PLACE OF DEATH**

County Lawrence Registration District No. 470  
Township Mt. Vernon Primary Registration District No. 3-6-33  
City Mt. Vernon (No. ....) St. Mo. Ward

File No. ....

Registered No. 27

**2. FULL NAME**

Grace Thompson  
(a) Residence, No. Wester, Mo. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. W. Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 14 - 1909</u>		
7. AGE	YEARS	MONTHS
	<u>26</u>	<u>6</u>
		DAYS
		<u>26</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>Haltom Kansas</u>		
FATHER	13. NAME <u>Charles Everett Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Effie Ringo</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
17. INFORMANT (ADDRESS) <u>Grace Thompson</u> <u>100 Wall Boulevard</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dearborn Mo</u> DATE <u>Oct 12</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Davis and Co.</u> <u>Dearborn Mo</u>		
20. FILED <u>10/12</u> 19 <u>35</u> <u>P. A. Holmes</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1935, to 10-11 1935

I last saw her alive on 10-11 1935. Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Pulmonary TB.

Date of onset Apr 1932

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Xray 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) R. H. Runde, M. D.

(Address) Mt. Vernon, 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.

