

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

Do not use this space.

**1. PLACE OF DEATH**

County Phelps Registration District No. 677 File No. 3749  
 Township Rolla Primary Registration District No. 4403 Registered No. 8  
 City Rolla (No. ....) St. .... Ward)

**2. FULL NAME**

Mollie Jane Thompson - 12  
 (a) Residence, No. Green Bldg. 1 Ward 1  
 (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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob H.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Greensburg Ind.

13. NAME John Q. Whitehead

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

15. MAIDEN NAME Marilda Phillips

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

17. INFORMANT (ADDRESS) Ross Thompson  
Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE Jan 12 1938

19. UNDERTAKER (ADDRESS) Paul Egan  
Rolla Mo

20. FILED Jan. 12 1938 Geo. F. Ayers Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1938, to 1-11, 1938

I last saw her alive on 1-9, 1938. Death is said to have occurred on the date stated above, at 12:25 A.M.

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

Influenza Date of onset

Other contributory causes of importance:

Squint  
Chronic myocarditis

Name of operation Date of

What test confirmed diagnosis? 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) E. E. Fend, M. D.

610 (Address) Rolla Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
M.O. STATE BOARD OF HEALTH