

REC'D MAR 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County BuchananTownship WashingtonCity St. Joseph(No. 2)Registration District No. 85Primary Registration District No. 1001612 MessanieFile No. 6131Registered No. 207

St. \_\_\_\_\_ Ward)

2. FULL NAME Sarepta Jane Thompson 512(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Faucett, Mo.  
(Usual place of abode)Length of residence in city or town where death occurred yrs. mos. 7 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR

Widow  
DIVORCED (write the word)

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFWilliam Thompson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1862

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

75221day, .....hrs.  
or .....min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.....Housewife9. 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)Mercer County  
Illinois

FATHER

13. NAME Joseph W. Shroyer14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Mercer County  
Illinois

MOTHER

15. MAIDEN NAME Sarrah A. Muck16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Indiana17. INFORMANT  
(ADDRESS)Mrs. Frank J. Mueller  
Faucett, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopkins, Mo. DATE Feb. 15, 193819. UNDERTAKER  
(ADDRESS)E. R. Sidenfaden Funeral Home  
602 South 10th street

## 20. FILED

2-14, 1938 H. J. Neathurst  
By J. C. Registrar.

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 13, 1938

## 22. I HEREBY CERTIFY, That I attended deceased from

2-7-38, 1938, to 2-13-38, 1938I last saw h. u alive on 2-13-38, 1938 Death is saidto have occurred on the date stated above, at 12:20 PM

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

Date of onset

Bacterial Pneumonia 2-7-38107 a

Other contributory causes of importance:

Name of operation none 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 \_\_\_\_\_, 1938

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. H. Ryan, M. D.(Address) St. Joseph, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

P. Yan.