

REC'D FEB 25 1939

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

3164

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
 (b) Township Bear Creek Primary Registration District No. 4347 Registered No. R 3
 (c) City Jonesburg (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 15 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? 15 yrs. 3 mos. ds.

2. PRINT FULL NAME

512 Elizabeth Thompson
 (a) Residence, No. Jonesburg, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Redmire,
 (STATE OR COUNTRY) Yorkshire, England

13. NAME Alexander Calvert

14. BIRTHPLACE (CITY OR TOWN) Muxer
 (STATE OR COUNTRY) Yorkshire, England

15. MAIDEN NAME Mary Wood

16. BIRTHPLACE (CITY OR TOWN) Redmire,
 (STATE OR COUNTRY) Yorkshire, England

17. INFORMANT John Calvert Thompson
 (ADDRESS) Jonesburg, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jonesburg, Mo. DATE Jan 18, 1939

19. FUNERAL DIRECTOR Ray Mann
 (ADDRESS) Jonesburg, Missouri

20. FILED Jan 17 1939 Mary Lou P. Turner
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1939

22. I HEREBY CERTIFY That I attended deceased from 11-18, 1938 to Jan 16, 1939

I last saw h. alive on 1-16, 1939 Death is said

to have occurred on the date stated above, at 9 A. m.

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

Cerebral Haemorrhage
Acute myocarditis
Arteriosclerotic nephritis

Date of onset
11-18-38

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Chalk test 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) James O. Helms, M. D.
 (Address) New France Mo.

STATEMENT BY LICENSED EMBALMER

I, Ray Means, Licensed Embalmer No. 3743

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)