

FILED FEB 16 1940

Registration District No. 7Primary Registration District No. 3001Registrar's No. 15

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 9

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community 60 yr. (Specify whether years, months or days)3. (a) PRINT FULL NAME Martha Ann Thompson

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Walter Thompson 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 10 6 1961
(Month) (Day) (Year)8. AGE: Years 78 Months 3 Days 14 If less than one day hr. _____ min. _____9. Birthplace Putnam County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Home11. Industry or business 912. Name Unknown Leaster 913. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Lucy Ann Leaster15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant John H. Thompson(b) Address Gibbs Missouri17. (a) Burial (b) Date thereof 1 22 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Park18. (a) Signature of funeral director D. H. Riley(b) Address Kirksville Mo19. (a) 1-27-40 (b) James L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair(c) City or town Kirksville
(If outside city or town limits, write "RURAL")(d) Street No. 828 West Laharp
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 20
year 1940 hour 9:00 minute P M.21. I hereby certify that I attended the deceased from NOV
1 1939 to JAN 20 1940that I last saw her alive on JAN 20 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia ✓

Duration

3 Days

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature C. P. Martin (M. D. or other) DoAddress Kirksville Date signed 1/20/40

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RECEIVED

District Health Officer No. 10

District File Number 2-40-427

Date Filed FEB 15 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

1502
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township Hirsville Primary Registration District No. 3001 Registered No. _____
 (c) City Hirsville (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martha Ann Thompson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1940

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said

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

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

Pneumonia
lobar
Chr. nephritic
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) B. L. Martin, M. D.

(Address) Hirsville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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