

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

6834
Do not use this space.

47
02
R10 MAR 12 1940

1. PLACE OF DEATH
 (a) County Iron Registration District No. 371
 (b) Township Arcadia Primary Registration District No. 4230 Registered No. _____
 (c) City Ironton (d) Street No. _____ St. _____
 (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 Ellen Elizabeth Thompson
 (a) Residence, No. Ironton Mo. 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 fem. 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 Joseph Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	90	11	19	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
 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) Liverpool Eng.

FATHER
 13. NAME William Hale
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
 15. MAIDEN NAME Annie Harris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Chas. Pennebecker
 (ADDRESS) Arcadia Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Arcadia Mo. DATE Jan. 29, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) (K. P. Cem) Norman White & Sons
27 White Ironton Mo.

20. FILED Mar-9, 1940 Julia A. Houston
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6th, 1940 to Jan. 29, 1940
 I last saw her alive on Jan. 29, 1940 Death is said to have occurred on the date stated above, at S. O. P.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia (Influenza)
Arthritis of Legs
Semiparity
 Date of onset 1/27/40

Other contributory causes of importance:
Arthritis of Legs
Semiparity

Name of operation none Date of _____
 What test confirmed diagnosis? none 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. E. Harland M. D.
 (Address) Ironton, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

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 *Arvid J. White*
Licensed Embalmer No. *3012*
P. O. Address *Dorchester Mass*

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

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