

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

Do not use this space.

16827

1. PLACE OF DEATH

68 County Monticau Registration District No. 571
 1 Township Walker Primary Registration District No. 4335
 2 City California (No.) St. Ward)

File No.
 Registered No. 28

2. FULL NAME

Effie Pearl Thompson
 (a) Residence. No. St. Ward.
 (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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife 235
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Monticau Co
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER W. J. Cunningham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Alice Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

14. INFORMANT Grant Thompson
 (Address) California Mo

15. FILED 5/21, 1932 Gas. W. Roth
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to May 20, 1932 that I last saw him alive on May 20, 1932, and that death occurred, on the date stated above, at: 11 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nephritis
 (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) L. L. Latham, M. D.

(Address) California Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Flag Spring DATE OF BURIAL 5/22 1932

20. UNDERTAKER Shillcock & Friedmeyer ADDRESS California Mo

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.

JUN 23 1932

