

MAR 2 1933

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

Do not use this space.

1. PLACE OF DEATH

County Monroe  
Township Walker  
City California

Registration District No. 871  
Primary Registration District No. 4335

File No. 2406  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wife Miller  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1894  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 11 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. 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) Monroe Co

13. NAME Jacob Thompson

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

15. MAIDEN NAME Ann Optline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT Wife Miller  
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cath. Cem DATE 2/1 1933

19. UNDERTAKER H. H. H. & Fred Meyer  
(ADDRESS) California Mo

20. FILED 1-30 1933 J. M. Roth  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1933

22. I HEREBY CERTIFY That I attended deceased from Oct 20 1933, to Jan 29 1933.

I last saw her alive on Jan 26 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Pulmonary Tuberculosis Date of onset 1926

23A

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Sputum 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Edgar A. Roth, M. D.

(Address) California Mo.

