

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

Do not use this space.

29570

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township..... Primary Registration District No. 1001  
 City St. Joseph, (No. 2836 Seneca Street.)

File No.....  
 Registered No. 1092  
 St. .... Ward)

**2. FULL NAME** Ralph Raymond Thompson,

(a) Residence, No. .... St., ..... Ward. Maysville, Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1927.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 13

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Maysville,  
 (STATE OR COUNTRY) Missouri,

10. NAME OF FATHER F. A. Thompson

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

12. MAIDEN NAME OF MOTHER Stella Gale,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Missouri,

14. INFORMANT U. Y. Pilcher  
 (Address) Maysville Missouri.

15. FILED Oct 6 1927 John G. Webb REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5, 1927

17. I HEREBY CERTIFY That I attended deceased from October 3, 1927, to October 5, 1927 that I last saw h. alive on October 5, 1927 and that death occurred, on the date stated above, at 9 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Prematurity  
Malnourished - due to  
prematurity  
 (duration) yrs. mos. 13 da.  
 CONTRIBUTORY (SECONDARY) 1610  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Maysville, Mo  
 IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Whelan Moore, M. D.  
Oct. 6, 1927 (Address) St Joseph 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 Chillicothe, Mo. Via Auto DATE OF BURIAL Oct. 7- 1927

20. UNDERTAKER Heaton-Bellolo Und Co ADDRESS 319 S. 10 St.  
by J. W. Stank

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.

1927

Oct 6 1927

