

MAR 16 1928

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

Do not use this space.

4138

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. 1806 North 22nd.)

File No.
Registered No. 236
St. _____ Ward

2. FULL NAME Ernest B. Thompson,

(a) Residence. No. 1806 North 22nd. St., _____ Ward, _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? 4 1/2 yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 16, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
55 2 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Manchester,
(STATE OR COUNTRY) England,

PARENTS

10. NAME OF FATHER Joseph Thompson,

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

12. MAIDEN NAME OF MOTHER Elizabeth Greenfield

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

14. INFORMANT Mrs. E. B. Thompson
(Address) 1806 North 22nd Street,

15. FILED Feb 14 1928 19 _____
REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 23 1928, to Feb 23 1928 that I last saw him alive on Feb 23 1928, and that death occurred, on the date stated above, at 10 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
of 2 d. (duration) _____ yrs. _____ mos. _____ da. Sudden

CONTRIBUTORY (SECONDARY) THAM (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) L. C. [Signature], M. D.

Feb 24, 1928 (Address) 90 Lincoln Bldg. for no.

*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 Mount Auburn Cemetery, DATE OF BURIAL Feb. 25 1928

20. UNDERTAKER Heaton-Begole & Bowman ADDRESS 319 S. 10 St.

Funeral Home

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every word of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

