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

Do not use this space.

6702

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 903 Registered No. 1653

City St. Louis Mo. (No. ....., St. Lucas Place & ..... Ward)

2. FULL NAME Francis Marion Thompson

(a) Residence. No..... St., 12 Ward. Fredericktown 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-28-1853

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
74.	10.	14.	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Thomas Thompson

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

12. MAIDEN NAME OF MOTHER unknown.

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

14. INFORMANT James Nelson Thompson
(Address) Denver Morrison Mo.

15. FILED Feb 14 1928 Maude Sandefur
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12/28 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 6/28 ....., 19.. to Feb 12 ....., 19 28 that I last saw h. alive on Feb 12 ....., 19 28, and that death occurred, on the date stated above, at 9 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy Prostate
138 Cause retention urine
137 Uremia Toxemia
136 .....(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) P Pneumonia (Terminal)
Lobar .....(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 10 W
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J Fay Carfon M. D
, 19 (Address) 723 Mer Cen Bldg

*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 Fredericktown Mo. DATE OF BURIAL Feb 14 1928

20. UNDERTAKER E H Weff ADDRESS Fredericktown 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD