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

Do not use this space.

10581

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1170

Township: — Primary Registration District No.: 624814

City: Richmond Heights (No. ..... St. ..... Ward)

File No. ..... Registered No.: 69

2. FULL NAME: John Thompson

(a) Residence. No.: 7571 Hunter Ave. 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. 6 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 20 - 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76 yrs	11 mo	29 da	

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

9. BIRTHPLACE (CITY OR TOWN): Ballykinar
(STATE OR COUNTRY): County Down - Ireland

PARENTS

10. NAME OF FATHER: James Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ballynahinch
(STATE OR COUNTRY): County Down Ireland

12. MAIDEN NAME OF MOTHER: Eliza - Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland

14. INFORMANT: Laurence W. Thompson
(Address): 7571 Hunter Ave. Richmond Heights

15. FILED: 3/30, 1928. C. L. Jensen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1928, to Mar. 19, 1928 that I last saw h. alive on Mar 19, 1928, and that death occurred, on the date stated above, at 10:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia.

107A
113
162

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Emphysema. - Senility

(duration) several yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: at place of death

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation

(Signed) H Alexander, M. D

, 19 (Address) 6000 S. Kingshighway. St. Louis

*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	DATE OF BURIAL
Pittsburg Pa.	Mar 21 1928
20. UNDERTAKER	**ADDRESS**
Parker Ind Co	Maplewood

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 INDELIBLE INK—THIS IS A PERMANENT RECORD