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

Do not use this space.

16285

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 685

City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME: Dr. George R. Thompson

(a) Residence. No. 2202 Goff 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 26 yrs. mos. ds. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mattie J. Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov, 26, 1855

7. AGE: Years 72 — Months 5 — Days 29 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Pyhsician
(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): Modena, Mo.

PARENTS

10. NAME OF FATHER: Dr. Isaac Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ~~Modena, Mo.~~ Ky.
12. MAIDEN NAME OF MOTHER: ~~Dr. Isaac Thompson~~ Mary Jane Sorrel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT (Address): Mrs. Mattie L. Thompson, 2202 Goff Ave.

15. FILED May 25 1928, 19... John G. Utz, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May, 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1928, to May 25, 1928, that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 2.40 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia Lobar Double 108 1948 1010 (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY): Fissure (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopital

(Signed) M D Troy, M. D

May 27, 1928 (Address) Kirkpatrick 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: Ashland Cemetery — DATE OF BURIAL: May, 26, 1928

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.

JUL