JUL 24 1928 208

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

Do not use this space.

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File No. ____

Registered No. 185

1. PLACE OF DEATH

County: Buchanan — Registration District No. ____

Township: ____ — Primary Registration District No. 1001

City: St Joseph (No. State Hospital #2 St. ____ Ward)

2. FULL NAME Gabe R. Thompson

(a) Residence, No. State Hosp #2 St., ____ Ward. ____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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): Unk 1857

7. AGE: Years: about 70 — Months: unknown — Days: — If LESS than 1 day, ____ hrs. or ____ min.

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) Kentucky

PARENTS

10. NAME OF FATHER: Jim Thompson

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

12. MAIDEN NAME OF MOTHER: Sallie Denton

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

14. INFORMANT: Lee Thompson, Western Insp State Hosp #2
(Address) St Joseph Mo

15. FILED: JUN 21 1928 19 ____ John G. Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 21 1928

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to June 21, 1928, that I last saw b. alive on June 21, 1928, and that death occurred, on the date stated above, at 5:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Exhaustion
186A
194B
11a 2 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Fracture hip by
Accidental fall on floor - (duration) yrs. mos. 10 ds.

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

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DID AN OPERATION PRECEDE DEATH? No. DATE OF ____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical X Ray

(Signed) T. X. Gerton, M. D.

June 21, 1928 (Address) State Hosp #2 St. Joe 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: Pleasant Ridge — DATE OF BURIAL: 6/22 1928

20. UNDERTAKER: Sleeman Funeral Home — ADDRESS: 120 S. Francis

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