

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

Do not use this space.

43628

1. PLACE OF DEATH

County _____

Registration District No. _____

791

Township _____

Primary Registration District No. _____

1003

City _____

(No. _____)

File No. _____

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode) _____

St. _____

23. Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 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

Single

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

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

Dec 18 - 1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

72

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Basket maker

(b) General nature of industry, business, or establishment in which employed (or employer)

930

(c) Name of employer

127

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Emerson Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

12. MAIDEN NAME OF MOTHER

Margaret Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

14. INFORMANT

(Address)

Ray J. [unclear]

15. FILED

31 1928

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Dec 22 1928

17.

I, HEREBY CERTIFY, That I attended deceased from _____

Dec 21, 1928, to Dec 22, 1928 that I last saw him alive on Dec 22, 1928 and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the sigmoid colon causing intestinal obstruction (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Ch. Myocarditis (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) _____ M. D.

12/23/28 (Address) _____

*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

Washington 12/24 28

20. UNDERTAKER

ADDRESS

W. Richter 3500 Rutger

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.

Thompson