

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

Do not use this space.

4022

**1. PLACE OF DEATH**

County..... Registration District No. 1005 File No. 638  
Township..... Primary Registration District No. 1005 Registered No. 638  
City St. Louis Mo (No. St. Johns Hospital) St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 1011 Summit St., 17 Ward. East St. Louis Ill  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Garland Thompson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 17 - 1896</u>		
7. AGE	YEARS	MONTHS
	<u>52</u>	<u>5</u>
		DAYS
		<u>25</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>House Wife</u>		
(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)**

**10. NAME OF FATHER**

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

**12. MAIDEN NAME OF MOTHER**

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

14. INFORMANT Garland Thompson  
(Address) 1011 Summit Av.

15. FILED 74 10 1929 W. E. Starnes  
REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1929

17. I HEREBY CERTIFY that I attended deceased from Nov 25 1928, to Jan 12 1929  
that I last saw h. son alive on Jan 12 1929, and that death occurred, on the date stated above, at 10:29 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Peritonitis acute  
Septic  
196 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Peritonitis bacterial  
Operation for ulcers of stomach  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF Jan 9 '29

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Bacteriological

(Signed) W. E. Starnes M. D.  
, 19 (Address) Univ. Club 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**

**DATE OF BURIAL**

Springfield Ky.

1-15-29

**20. UNDERTAKER**

Walsh Und. Co.

ADDRESS 705 State  
East St. Louis  
Ill

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

K. 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.

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W. W. "Longman" |

1/10/1900 |