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

Do not use this space.

19978

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 5048 Westminster Place St. ..... Ward)

File No. .....

Registered No. 5621

2. FULL NAME Georgia Treadway Thompson

(a) Residence. No. 5048 Westminster Pl St., 25th Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Tully Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1839

7. AGE: Years 89 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) New Haven, Conn.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Treadway

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

12. MAIDEN NAME OF MOTHER Minerva Merwin

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

14. INFORMANT Frances T. Gambrill
(Address) 5048 Westminster Pl. St. Louis.

15. MAY 21 1929 Filed, 19 Mary J. Tarlton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1929, to May 21, 1929, that I last saw h. alive on May 21, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
Myocarditis chronic
93C
162

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) M. Cao, Conn, M.D.

May 21, 1929 (Address) 5249 Raymond Ter

*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: Bellefontaine — DATE OF BURIAL: May 23 1929

20. UNDERTAKER: Wagner — ADDRESS: 3621 Olive

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

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.

Dr [illegible]
52[illegible] [illegible]