

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

Do not use this space.

3076

1. PLACE OF DEATH

County..... Registration District No. 591
Township..... Primary Registration District No. 100
City St. Louis (No. St. Johns Hospital)

File No.
Registered No. 565
St. Ward)

2. FULL NAME

Rev. John J. Thomson
(a) Residence. No. 4877 Sutherland St. 14 Ward.

(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 Male 4. COLOR OR RACE White 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) Unknown 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt. 47 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Catholic Priest
(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) St. Louis Mo

10. NAME OF FATHER

Henry Thomson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER

Mary Wilkerson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT Rev. Alfred E. Thomson
(Address) 4877 Sutherland

15.

FILED 11 18 1934 Wm. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 to Jan 17 1930 that I last saw him alive on Jan 16 1930 and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
Bi lateral

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

11 (Signed) E. P. Buddy M. D.
117 (Address) Union Club St

*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

Parvary 1-20 1930

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Wash 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.

15- of 1-199

Dr E. P. Buckley

Remains of ...

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