

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

Do not use this space.

17728

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis

Registration District No. 791
Primary Registration District No. 1003
No. 3624 Cote Brillant

File No.....
Registered No. 4821
St. Ward

2. FULL NAME

Andrew Thomson

(a) Residence. No. 3624 Cote Brillant St. Ward 11
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-9-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Iron Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER James Thomson

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

12. MAIDEN NAME OF MOTHER Margaret Nelson

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

14. INFORMANT Mrs. Ketty Thomson
(Address) 3624 Cote Brillant

15. FILED MAY 17 1930 Max C. Staveland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1930, to May 15, 1930, that I last saw him alive on May 15, 1930, and that death occurred, on the date stated above, at 2:29 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Right Cerebellar Hemorrhage

82A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 74 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) Geoffrey King, M. D.
5/15, 1930 (Address) 3442 Beaudine

*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 Cemetery DATE OF BURIAL May 19 1930

20. UNDERTAKER Cullen Bros ADDRESS 1714 N. Grand

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.

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