NOV 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County: St. Louis — Registration District No. 784 — File No. 33985
Township: St. Ferdinand — Primary Registration District No. 6030 — Registered No. 9757
City: St. Louis (No. ..... St. ..... Ward)

2. FULL NAME: Lillian Thompson
(a) Residence. No. St. Louis Tr. School St., ... 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: Female
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): January 27 1914

7. AGE: 16 — YEARS: ~~15~~ — MONTHS: 8 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Not any
(b) General nature of industry, business, or establishment in which employed (or employer): in School
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: John Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Edna Ryro
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Edna Ficher
(Address) 1320 So 10 St.

15. FILED OCT 13 1930, 19 Dr Carl J Koantz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1930, to Oct 12, 1930 that I last saw her alive on Oct 12, 1930, and that death occurred, on the date stated above, at 4 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Convulsion — Status epilepticus
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Epilepsy
Borderline feeble-mindedness
(duration) 15 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Inherited
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Dorothy M. Ellerwick, M.D.
, 19 (Address) St. Louis Training School

*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: Beulah Mo — DATE OF BURIAL: 10-14 1930

20. UNDERTAKER: McLaughlin — ADDRESS: 1631 Mo Ave

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.