

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

Do not use this space.

39532

1. PLACE OF DEATH

County Jackson
Township Blue
City Leeds, Mo. (No. Leeds Hospital)

Registration District No. 700
Primary Registration District No. 700

File No. _____
Registered No. 5705
St. _____ Ward _____

2. FULL NAME

Leonard Thompson
(a) Residence No. 2911 Paseo St. 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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)

Mar. 28, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
26	8	20	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Trenton

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Ernest Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Augusta Thiel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14. INFORMANT

Ernest Thompson

(Address)

Trenton Mo

15. FILED

12/19/30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18 1930

17. I HEREBY CERTIFY, that I attended deceased from Dec 14 1930 to Dec 18 1930, and that I last saw him alive on Dec 18 1930, and that death occurred, on the date stated above, at 7:22 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
23A

(duration) 2 yrs. 1 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

31

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. C. Glicking, M. D.
17/19 1930 (Address) Leeds 1024

*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

Trenton Mo

Dec 20 1930

20. UNDERTAKER

ADDRESS

Rose Henderson 1007 1/2

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. Buchholz
800. 222. 2222