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.

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

Do not use this space.

2870

FEB 23 1931

1. PLACE OF DEATH

County: St. Louis, Registration District No.: 1123 File No.:

Township: Carondelet Primary Registration District No.: 624 B, Registered No.: 41

City: ~~Koch~~ (No. Koch Hospital St. Ward)

2. FULL NAME Thompson, John

(a) Residence. No. 3121 Lafayette St., Ward. ST L. Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8th, 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
47	4	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Butcher 157
(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): Butte Montana

PARENTS

10. NAME OF FATHER: Chas. Prempray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ? Not Known #1

12. MAIDEN NAME OF MOTHER: Mary Horrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ? Not Known

14. INFORMANT: Koch Hospital Record
(Address): Koch Mo.

15. FILED: Jan 26, 1931 L. C. Obert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26, 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-24, 1930 to 1-26, 1931 that I last saw him alive on 1-26-31, 19..., and that death occurred, on the date stated above, at 2:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Laryngeal Tuberculosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 23
IF NOT AT PLACE OF DEATH ?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Sputum

(Signed) [illegible], M. D.

, 19 (Address) Koch, Mo.

*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: St Matthews Cem. DATE OF BURIAL: Jan 28 1931

20. UNDERTAKER: E. J. Schmer ADDRESS: 3125 Lafayette Av