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

Do not use this space.

3790

File No. 1033

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 100

City St. Louis (No. #4471 Olive St. St. Ward)

2. FULL NAME Charles D. Thompson.

(a) Residence. No. #4471 Olive St. Ward 19
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	widowed.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Thompson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 17 - 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83.	11.	9.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bowling Green
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Joseph Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana.
12. MAIDEN NAME OF MOTHER Margarite Reynolds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) N. Carolina.

14. INFORMANT Sarah M. Thompson
(Address) 4471 Olive St.

15. FILED JAN 26 1931, 19 [illegible] 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 Jan 21 - 1931, to Jan 25 - 1931, that I last saw him alive on Jan 25 - 1931, and that death occurred, on the date stated above, at 6:10 A.M. Jan 26-31

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
C.S.C.
Several years (duration) 1 yr. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D
, 19 (Address) 4064 Olive 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 Kirksville, Mo. — DATE OF BURIAL 1-27-1930.

20. UNDERTAKER P. R. Lipton. — ADDRESS Olive Street #4449

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.