

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

Do not use this space.

15794

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **Frisco Hospital**, St. Ward)

File No.....  
 Registered No. **4244**  
 St. Ward

**2. FULL NAME** Ralph Bacon Thompson

(a) Residence, No. Statesbury, Mo. St. 12 Ward.  
 (Usual place of abode)

*Statesbury, Mo.*

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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Single,</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>1904-8-5</b>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>26</b>	<b>8</b>	<b>2</b>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. **Special Agent, 745**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Frisco R. R. Co.**  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Merwin,  
 (STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Dudley E. Thompson,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>
	12. MAIDEN NAME OF MOTHER <u>Nannie A. Bacon,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>

14. INFORMANT Ryle Thompson  
 (Address) Statesbury, Mo.

15. FILED 1931  
 19. Max C. Starnes REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-7-31**

17. I HEREBY CERTIFY, That I attended deceased from 3-13, 1931, to 4-7, 1931  
 that I last saw him alive on 4-7, 1931, and that death occurred, on the date stated above, at 2:20 A.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Lumbar Abscess from Tubercular from infection cause unknown*  
 26 (duration) yrs. mos. 23 ds.  
 CONTRIBUTORY (SECONDARY) Uremia following suppression of Urine due to acute nephritis from infection of Abscess  
 (duration) yrs. mos. 3 ds.  
 18. WHERE WAS DISEASE CONTRACTED Oklahoma City Okla.

IF NOT AT PLACE OF DEATH. DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-27-31  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical Signs  
 (Signed) M. Stachle, M. D.  
 , 19 (Address) 4960 S. 4th 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 Statesbury, Mo. DATE OF BURIAL 4/7/31

20. UNDERTAKER Robert R. ... ADDRESS 6533 Clayton

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.

MAINTAIN RESERVED FOR BINDING

S. NO. 2.

