MARGIN RESERVED FOR BINDING

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.

16446

1. PLACE OF DEATH
County St Louis — Registration District No. 791
Township — Primary Registration District No. 1003
City St Louis (No. En Route City Hospital #1 St. Ward)

File No.
Registered No. 4966

2. FULL NAME Charles Allen Thompson
(a) Residence, No. 2618 S. 12th St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 23 1875

7. AGE: YEARS 55 — MONTHS 8 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nightwatchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belle, Mo.

FATHER
13. NAME: Isaac Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belle Mo.

MOTHER
15. MAIDEN NAME: Martha Cummins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belle Mo.

17. INFORMANT (ADDRESS): Mr Ezra Thompson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE 4/24/31 19

19. UNDERTAKER (ADDRESS): Otto & Co Washington Mo.

20. FILED ....., 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/24, 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. Kerner, M. D.
(Address) Dep. Coroner

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