

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

Do not use this space.

42500

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis 10* (No. *City Hospital 2*)

File No.....
Registered No. *12411*
St. Ward.....

2. FULL NAME

Josephine Thompson

(a) Residence, No. *2222 Chestnut* St., Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>12-23-1867</i>		
7. AGE	YEARS <i>63</i>	MONTHS <i>11</i>
	DAYS <i>17</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Laundress</i>	
	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) <i>St Louis</i>		
FATHER	13. NAME <i>Sam Ford</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis</i>	
MOTHER	15. MAIDEN NAME <i>Carolina Wilson</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis</i>	
17. INFORMANT (ADDRESS) <i>St. Luke's Hospital</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Nash</i> DATE <i>12-28</i> 19 <i>31</i>		
19. UNDERTAKER (ADDRESS) <i>James Sheridan</i>		
20. FILED <i>12-28-31</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-10-1931*

22. I HEREBY CERTIFY, That I attended deceased from *11-21* 19*31*, to *12-10-1931*

I last saw her alive on *12-10-1931* Death is said to have occurred on the date stated above, at *5-30* m.

The principal cause of death and related causes of importance were as follows:
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Chronic nephritis

Other contributory causes of importance:
Uremia

Name of operation..... Date of.....
What test confirmed diagnosis? *Medical* Was there an autopsy? *no*

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) *Edmit* M. D.
(Address) *City Hospital 2*

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