

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

Do not use this space.

18092

1. PLACE OF DEATH

County..... Registration District No. 703
 Township..... Primary Registration District No. 1025
 City St. Louis No. 4259 W. Finney St. Ward)

File No.....
 Registered No. 5064
 St. Ward)

2. FULL NAME

Mary Thompson
 (a) Residence, No. 4259 W. Finney St. 11 Ward. (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>	<u>7</u>
	13. NAME <u>Henry McConiss</u>	<u>9</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	<u>31</u>

17. INFORMANT (ADDRESS)
Rosa McConiss
4259 W. Finney
St. Louis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenwood DATE 5/29 1932

19. UNDERTAKER
 (ADDRESS) C. W. Roberts
3035
St. Louis

20. FILED MAY 26 1932
W. H. Starkey
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 19, 1932.
 I last saw h. alive on May 19, 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia
107A D 107A
 Other contributory causes of importance:
Bronchial Asthma

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury.....
 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) Chas. H. Phelps
 (Address) 3207 A St. Louis

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.

