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.

File No. 34955

Registered No. 9136

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City Saint Louis (No. Saint Johns Hospital St. ..... Ward)

2. FULL NAME Mary J. Thompson

(a) Residence, No. 5129 Page St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Thomas J. Dougherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Ester English

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Maurice Thompson
(ADDRESS) 5129 Page Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Oct. 26 1933

19. UNDERTAKER Thomas J. Finan
(ADDRESS) 1519 South Grand Boulevard

20. FILED OCT 24 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1933, to October 23, 1933

I last saw her alive on October 23, 1933. Death is said to have occurred on the date stated above, at 3 a.m.

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

	Date of onset
Cardiac Failure	
121B	
117B	
127B	

Other contributory causes of importance:
Ruptured Gangrenous ulcer
Peritonitis & Subacute appendicitis
Intestinal Obstruction

Name of operation Appendicectomy & Ileostomy Date of 10/17/33

What test confirmed diagnosis Clinical 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? No
If so, specify .....

(Signed) Louis A. Leutz, M. D.
(Address) 2217 No. Broadway