

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

Do not use this space.

30769

**1. PLACE OF DEATH**

SEP 13 1934

County.....  
Township.....  
City *St. Louis Mo.* (No. ....)

Registration District No. *1003*  
Primary Registration District No. ....

File No. ....  
Registered No. *8026*  
St. .... Ward)

**2. FULL NAME**

*James Albert Thompson*

(a) Residence, No. *5082 Page* St. *12<sup>th</sup>* Ward.

(Usual place of abode) (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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>M</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Cecilia Thompson</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 20, 1894</i>				
7. AGE	YEARS <i>40</i>	MONTHS <i>5</i>	DAYS <i>14</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Walter</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
MOTHER	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>Tex</i>			
FATHER	13. NAME <i>Frank Thompson</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>			
	15. MAIDEN NAME <i>unknown</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>				
17. INFORMANT (ADDRESS) <i>Cecilia Thompson 5082 Page</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St Peter's Baul</i> DATE <i>Aug 6</i> 1934				
19. UNDERTAKER (ADDRESS) <i>Muller Bros 4259 Lindell Blvd</i>				
20. FILED <i>AUG -1 1934 J. F. Bredbeck Registrar.</i>				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-3-36* 19

22. I HEREBY CERTIFY, That I attended deceased from *7-28* 19*34* to *8-3* 19*34*  
I last saw him alive on *8-3* 19*34* Death is said to have occurred on the date stated above, at *2:30 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*General paralysis of the insane  
RNS syphilis  
Syphilis - generalized  
Hypertension  
Apoplexy*  
Date of onset

Other contributory causes of importance:  
*83  
24  
1326 83*

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? *No*  
If so, specify .....  
(Signed) *R. F. Holdaway* # 21151, M. D.  
(Address) *600 S. Washington*

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.

AUG 27 1934

829 R

See 35- Lot 174 -  
Joseph Persen

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