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.

MAR 28 1935

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 333 — File No. 6680
Township — Primary Registration District No. 4468 — Registered No. 18
City Ferguson town (No. Carson and King, St. Kinlock, Mo. St. Ward)

2. FULL NAME Robert Thompson
(a) Residence, No. South Kinloch, Mo. 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: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): don't know.

7. AGE: YEARS about 50 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer
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): Columbus, Miss.

FATHER
13. NAME: Ralph Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond, Va.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Pearl Whitten, So. Kinloch Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Feb. 18 1935

19. UNDERTAKER (ADDRESS): G. Wade Granberry Anchor, 1027 N. WITTIER ST.

20. FILED Feb. 16 1935 M. A. Zeiller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10am m.
The principal cause of death and related causes of importance were as follows:
Chr. aortitis; with dilatation of the aortic arch. Chr. endocarditis chr myocarditis. Chr. arteriosclerosis; complete sclerosis of the coronaries, extreme dilatation of left ventricle.
Date of onset
Other contributory causes of importance:
Complete occlusion of left coronary.

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy 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? 2/14/35
If so, specify .....
(Signed) Luke B. Timon, M. D.
(Address) 3718 Jennings Rd.
Rooms St. Louis, Co. Mo.