OCT 28 1935

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

Do not use this space.

30547

1. PLACE OF DEATH

96 County St. Louis Ferguson Town Registration District No. 333

Township ~~St. Ferdinand~~ Primary Registration District No. 4468

City S. Kinlock, Mo. (No. 5th St., ... St. ..... Ward)

File No. .....

Registered No. 136

2. FULL NAME Barbara Jean Thompson

(a) Residence, No. S. Kinlock, 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: f

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/6/35

7. AGE: YEARS | MONTHS: 8 | DAYS: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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): Co. Hospital Clayton

FATHER

13. NAME: Samuel Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Point Miss

MOTHER

15. MAIDEN NAME: Josephine Beardon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boonville, Miss

17. INFORMANT (ADDRESS): Samuel Thompson S Kinlock Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wash Park DATE 9/9 1935

19. UNDERTAKER (ADDRESS): Primus Nud. Co., S. Kinlock Mo

20. FILED 9/9 1935 W. A. Zeitler Registrar.

Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6/1935, 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 9 PM m.

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

Accident:
Burned to death when home caught on fire, two children were rescued by father, but he was unable to get to the deceased and the other younger child. As to how the house caught fire unable to determine. Complete incineration of both bodies, charred to such an extent that they were beyond identification.

Date of onset: 23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Coroner's view 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 9/7/35

(Signed) Luke B. Trimm, M. D.

(Address) 3718 Jennings Rd.

Coroner St Louis Co., Mo.

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.