

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.

DEC 3 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No.....
City St. Louis (No. City Hoop # 2)

File No. 37817
Registered No. 9794
St. Ward)

2. FULL NAME

(a) Residence, No. 3838 1/2 Finney St. Ave Ward. 11
(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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 7 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chef
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) Aberdeen
Miss.

FATHER 13. NAME Frank Thompson

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

MOTHER 15. MAIDEN NAME Harriet

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

17. INFORMANT (ADDRESS) Carrie Thompson
3838 1/2 Finney Ave

18. BURIAL, CREMATION, OR REMOVAL Father, Dickson DATE 11/23, 1935

19. UNDERTAKER (ADDRESS) Dorsey & Young
3234 Pine St

20. FILED NOV 23 1935 J. F. Breddick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1935

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 9:08 A.M.

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

Gunshot Wound of Right Temple self-inflicted at residence, Nov. 15, 1935, at abt. 8:30 A.M.

Other contributory causes of importance: 167

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

What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/15 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury Gun

Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Wm. J. Legacy, M. D.

(Address) St. Louis, Mo.

11/24/35

