

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

Do not use this space.

FEB 29 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6245B
 City Jefferson Barracks (No. Veterans Hosp) St. _____ Ward _____

File No. 4447
 Registered No. 42

2. FULL NAME Vasco THOMPSON

(a) Residence, No. 1200 Division St. _____ Ward East St. Louis, Illinois
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 10 mos. 11 wks. How long in U. S., if of foreign birth? 11 yrs. 10 mos. 11 wks.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1892
 7. AGE YEARS 45 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 25'
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable
 10. Date deceased last worked at this occupation (month and year) unavailable 11. Total time (years) spent in this occupation unavailable

12. BIRTHPLACE (CITY OR TOWN) Wellsville
 (STATE OR COUNTRY) Missouri

13. NAME unavailable
 14. BIRTHPLACE (CITY OR TOWN) unavailable
 (STATE OR COUNTRY) unavailable

15. MAIDEN NAME unavailable
 16. BIRTHPLACE (CITY OR TOWN) unavailable
 (STATE OR COUNTRY) unavailable

17. INFORMANT M. Schilling
 (ADDRESS) Clinical Clerk Jeff. Bks. No.

18. BURIAL, CREMATION, OR REMOVAL PLACE National DATE 2-1 1937

19. UNDERTAKER W. H. Moore
 (ADDRESS) 2517 LaCade Ave

20. FILED Jan. 30 1937 W. H. Moore
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27 19 37

22. I HEREBY CERTIFY, That I attended deceased from January 13 1937 to January 27 1937

I last saw him alive on January 27 1937. Death is said to have occurred on the date stated above, at 1:25 p.m.

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

Tuberculosis, chronic, Pulmonary, far advanced Date of onset unknown
Pleuritis, chronic, bilateral unknown

Other contributory causes of importance: none
phy. exam. clin. manifestations Date of _____
 What test confirmed diagnosis? laboratory 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?
 If so, specify _____

(Signed) C. W. Hughes M. D.
C. W. HUGHES, Chief Medical Officer.
 (Address) Jefferson Barracks, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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