

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

Do not use this space.

JUN 12 1937

18777

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **522** of **Emery**)

File No.....
 Registered No. **5353**
 St. Ward)

2. FULL NAME **James Thompson**
 (a) Residence, No. **522 of Emery** St., **22** 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 **Male** 4. COLOR OR RACE **Cal** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 14 - 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
3 11

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.
 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) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **James Chester**

14. BIRTHPLACE (CITY OR TOWN) **Not known** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Thompson**

16. BIRTHPLACE (CITY OR TOWN) **Memphis** (STATE OR COUNTRY) **Tenn**

17. INFORMANT **Mary Owens** (ADDRESS) **522 of Emery**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **5-29** 1937

19. UNDERTAKER **W. P. Richardson** (ADDRESS) **2600 N. 7th St. Springfield**

20. FILED **MAY 29 1937** **J. A. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/25** 19**37**

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 **2:45 P.M.**

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

Broncho Pneumonia
primary
 Other contributory causes of importance: **101**

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? 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) **W. P. Richardson** M.D.
 (Address) **2600 N. 7th St. Springfield**

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.

OCCUPATION 0000

OCCUPATION FATHER MOTHER

