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.

Thorpe Gordon

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

Do not use this space.

32803

791

1. PLACE OF DEATH

County

Township St. Louis, Mo.

City (No. , City Sanitarium St. Ward)

Registration District No. 1003

Primary Registration District No.

File No. 8857

Registered No.

2. FULL NAME Grace Thompson,

(a) Residence, No. 4255 McPherson St., 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred About 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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): Aug. 25, 1900

7. AGE: 62 — YEARS: 37 — MONTHS: — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework at home

10. Date deceased last worked at this occupation (month and year): 8-1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Robertsberg, West Virginia

FATHER

13. NAME: Toney Thompson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown West Virginia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): William T Butler MD 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE BUFFALO, W. VA. DATE SEPT. 27, 1937

19. UNDERTAKER (ADDRESS): THORPE GORDON JEFFERSON CITY, Mo.

20. FILED SEP 22 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1937, 19, to 9-21-37, 19

I last saw her alive on 9-21-37, 19 Death is said to have occurred on the date stated above, at 12:45 A.M.

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

	Date of onset
General Paralysis of the Insane	
4-5-37-x	

Other contributory causes of importance: 83

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?

If so, specify

(Signed) William T Butler, M. D.

(Address) 5400 Arsenal St.

31 22 877