FEB 12 1938

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

1126
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 982
(c) City ..... (d) Street No. Homer G. Phillips St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Thompson 512.
(a) Residence, No. 307 A. Olive St. St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE C
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) Unknown
7. AGE YEARS About 80 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as 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) Unknown 9

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

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

17. INFORMANT (ADDRESS) Rev. John J. Butler ~~St. Vincent's Colonel~~ 2331 Mullanphy St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 27 1938
19. FUNERAL DIRECTOR (ADDRESS) Emmett Toney Co. 3436 Lawton Ave.
20. FILED JAN 27 1938 J F Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/22/38 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 3:00 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

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) Joseph M. Quinn, M.D.
(Address) Deputy Corner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ..... Not Embalmed. ....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)