

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

Do not use this space.

23895

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

Registered No. 890

City St. Joseph, Mo.

No. Missouri Methodist

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3211 Doniphan St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

How long in U.S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Infant

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

July 28, 1929

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, 4 hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

St. Joseph, Mo. Missouri

**10. NAME OF FATHER**

Herbert Thompson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Amity Missouri

**12. MAIDEN NAME OF MOTHER**

Beulah Wagers

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Amity Missouri

**14. INFORMANT**

(Address)

Mr. H. Thompson 3211 Doniphan

**15. FILED**

24 1929

John G. Giff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

July 24, 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from 7/23, 1929, to 7/24, 1929, that I last saw him alive on 2/23, 1929, and that death occurred, on the date stated above, at 1:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Infant  
(ma)

159

(duration)

4 hours

**CONTRIBUTORY (SECONDARY)**

7 mos - pregnancy

(duration)

\_\_\_\_\_

**18. WHEN WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH?**

DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

Thos. G. Thompson, M. D.  
7/24, 1929 (Address) St. Joseph, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Ridgeville Cemetery Amity Missouri

July 25, 1929

**20. UNDERTAKER**

Sheehan Funeral Home 1946 Palhan

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

AUG 22 1929

11  
6  
9

PARENTS

