

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

Do not use this space.

29218

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. Foot Of Osage Street St. 8352 Ward)

File No.....
Registered No. 8352

2. FULL NAME Leroy Thompson

(a) Residence. No. 3342 Missouri Avenue St. 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 White 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) June 21st, 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	15	1	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoocl Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City,
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER William Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Ethel May Ingraham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Illinois

14. INFORMANT Ela Ingraham
(Address) 3342 Missouri Ave

15. FILED..... 19.....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 14th, 19 29.

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 5:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Drowning while in wading in quarry pond at the ft of Osage St
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature] M.D.

P. J. 1929 (Address) Deputy Coroner
*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 New St. Marcus DATE OF BURIAL Aug. 17, 19 29.

20. UNDERTAKER Wacker Felder ADDRESS 3342 Missouri Ave

