

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

1974

Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH *Christina* Registration District No. *185*
 (a) County *Christina* (b) Township *Bruener* Primary Registration District No. *6257*
 (c) City *Bruener* (d) Street No. _____ 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 *Alvie Thompson*
 (a) Residence, No. *Bruener, Mo.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Viola Thompson*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 18 - 1891*
 7. AGE YEARS *47* MONTHS *9* DAYS *13* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *farmer*
 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*

FATHER 13. NAME *W. M. Thompson*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

MOTHER 15. MAIDEN NAME *Mary Hamilton*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Mrs. Alvie Thompson* (ADDRESS) *Bruener, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sparta, Mo.* DATE *1-3-39* 1939

19. FUNERAL DIRECTOR (NAME) *B. C. Klepper* (ADDRESS) *Clark, Mo.*

20. FILED *2-10-39* *Josephine Merritt* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 1 - 1939*

I HEREBY CERTIFY That I attended deceased from *Merist* 15 *36 Jan 1st* 19 *39*
 I last saw him alive on *Dec 29* 19 *38* Death is said to have occurred on the date stated above, at *1:30 P.* m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (Date of onset) *3-1-26*

Other contributory causes of importance: *27'*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *X Ray* 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 death an injury in any way related to occupation of deceased? *Yes*
 If so, specify *miner 14 yrs.* (Signed) *Alvie Thompson*
 (Address) *Sparta, Mo.*

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-246

Date Filed FEB 11 1939

APR 27 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

B. C. Klepper

, or by

Forest Klepper

Registered Apprentice No. 143, working under my personal supervision.

Signed

B. C. Klepper

Licensed Embalmer No. Mo. 2178

P. O. Address Ozark, Mo.

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

If this body is not embalmed, above space should be left blank.