

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36887
Do not use this space.

REC'D NOV 24 1939

677

Registered No. 119

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
 (b) Township Reese Primary Registration District No. 4403
 (c) City Reese (d) Street No. Reese Hospital Registered No. 119
 (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

(a) Residence, No. 512 Joseph Thompson St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8 1939

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

22. I HEREBY CERTIFY, That attended deceased from Oct 8 1939 to Oct 8 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1906

I last saw him alive on Oct 9 1939. Death is said to have occurred on the date stated above, at 9:15 p.m.

7. AGE YEARS 33 MONTHS 7 DAYS 2 If LESS than 1 day, hrs. or min.

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

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

Skull fracture and internal injuries from an automobile accident
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reese Mo

Other contributory causes of importance:

FATHER 13. NAME Joseph W. Thompson

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reese Mo

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME Agnes Finn

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Mo

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs. Maud Bable

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul DATE Oct. 10 1939

Manner of injury Nature of injury

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Paul

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) John T. Parker, M. D.

20. FILED Oct 10 1939 Jos. F. Ayers Local Registrar

(Address) Reese 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.

210 m
1981

RECEIVED

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, or by.....

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

District Health Officer No. 5,

District File Number 1139 370

Date Filed 11 23 89

Signed S. G. Milled

Licensed Embalmer No. 03394

P. O. Address Rolla 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Chelso Registration District No. 677
 (b) Township..... Primary Registration District No. 4403 Registered No. 119
 (c) City Ralla (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

(a) Residence, No. Joseph Thompson St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 7 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1939

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 .. m.

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

skull fracture and external injuries from automobile accident collision with another auto.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 8, 1939

Where did injury occur? Phelps Co. Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on highway #66 near Ralla, Mo

Manner of injury Automobile collision

Nature of injury with other automobile

skull fracture and external inj.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sedwyn J. Ferland, M. D.

(Address) Ralla, Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms.

