

REC'D MAR 9 1939

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

6608

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 326
 (b) Township Walnut Grove Primary Registration District No. 0450 Registered No. 45
 (c) City Walnut Grove (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Staley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 14, 1867</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>1</u>	DAYS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co. mo</u>		
FATHER	13. NAME <u>W M C. Thompson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Malinda Earnest</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Fannie Thompson</u> <u>Walnut Grove, mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesley Chapel</u> DATE <u>Feb 26</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Brian Funeral Home</u> <u>Walnut Grove mo</u>		
20. FILED <u>2-24</u> 19 <u>39</u> <u>Edna M. Selure</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1939 to Feb 23, 1939
 I last saw him alive on Feb. 22, 1939. Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
 Date of onset _____

Other contributory causes of importance
Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholesterol 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?
 If so, specify _____
 (Signed) W. H. Selure M. D.
Springfield mo
 295 (Address)

(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; 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 with the above constitutes grounds for revocation of license.)