

REC'D APR 7 1939

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

11357
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
(b) Township Aurora Primary Registration District No. 42505628 Registered No. 21
(c) City Aurora (d) Street No. 1 Mile West Aurora Mo. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Cecil Alberta Thompson

(a) Residence, No. 301 Adams Ave. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Dixon (STATE OR COUNTRY) Illinois

FATHER 13. NAME Bert A Covert
14. BIRTHPLACE (CITY OR TOWN) Dixon (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Anna Beckingham
16. BIRTHPLACE (CITY OR TOWN) Shelbville (STATE OR COUNTRY) Illinois

17. INFORMANT Bert A Covert (ADDRESS) Kirksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dixon Illinois DATE Mar. 11 1939

19. FUNERAL DIRECTOR (NAME) J. F. King (ADDRESS) Aurora Mo.

20. FILED 4-1 1939 R. D. Cowan MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from after death, 1939, to 1939

I last saw h. alive on, 1939. Death is said to have occurred on the date stated above, at 10.10 A.M.
The principal cause of death and related causes of importance were as follows:

Fractured Skull
Crushed chest

Date of onset

Other contributory causes of importance: 207 ft

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 3/8 1939
Where did injury occur? Lawrence County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In public place
Manner of injury struck and right train
Nature of injury Fractured skull & crushed chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Herman Purridge Chona M. D.
(Signed) Aurora Mo.
(Address)

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 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.

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.