

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.

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

21422
 Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 24

(b) Township Prairie Primary Registration District No. 4018 Registered No. _____

(c) City Ladonia (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(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 Erskine Thompson

(a) Residence, No. _____ 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

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 Mary S. Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15-1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. _____ min.
	<u>95</u>	<u>7</u>	<u>30</u>	

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

9. Industry or business in which work was done, as saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1939

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1939, to June 14, 1939

I first saw him alive on June 8, 1939. Death is said to have occurred on the date stated above, at 2:20 A.M.

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

arteriosclerosis

Cerebral Hemorrhage

6-8-39

Date of onset

Other contributory causes of importance: 820

extreme old age

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? _____

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? N.O.

If so, specify _____

(Signed) W. B. Brize M. D.

(Address) Ladonia Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crayford Co. Penn.

FATHER

13. NAME David A. Thompson

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

MOTHER

15. MAIDEN NAME Erskine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) W. R. Thompson
Ladonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ladonia Mo. DATE June 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. G. Trainger
Ladonia, Mo.

20. FILED L-14 - 1939 W. K. McCall
Local Registrar.

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,

H. G. Granger

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

H. G. Granger

Licensed Embalmer No.

1297

P. O. Address.....

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.