

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH23028  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Ralls Registration District No. 926  
 (b) Township Spencer Primary Registration District No. 5967  
 (c) City Spencer Creek Registered No. Ralls County Mo  
 (d) Street No. Spencer Creek (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

Clyde Thompson  
 (a) Residence, No. 1273 Collier St. ☐ (If nonresident, give city and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-25-1892  
 7. AGE YEARS 47 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.  
 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. Porter  
 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) Perry Mo  
 13. NAME Edward Thompson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 15. MAIDEN NAME Hallie Jennings  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT (ADDRESS) Hallie Jennings  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson Cem. DATE 6/3/39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O. Brown  
 20. FILED June 14, 1939 Blanche McGowan Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 2, 1939

22. I HEREBY CERTIFY That I attended deceased from No medical attention, 19...  
 I last saw him 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:

Death Caused by  
 Accidental Drowning  
 in Spencer Creek  
 Ralls County, Mo

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 Date of injury 6/2, 1939  
 Where did injury occur? Ralls County, Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Public Place (Spencer Creek)  
 Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Clyde C. Wilbur (Coroner)  
 (Signed) Perry, Mo (Ralls Co.)

RECEIVED

District Health Officer No. 10

District File Number 7-39-1307

Date Filed JUL 15 1939

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

*Michael J. Lawrence*

Licensed Embalmer No. 3246

P. O. Address

*Hennel Mcd*

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.

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

23028

Do not use this space.

1. PLACE OF DEATH

(a) County Ballou Registration District No. 726  
(b) Township Spencer Primary Registration District No. 3957  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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. Clyde 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

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 9 12

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED June 14, 1939 Hanche McGowan  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

Death is said

to have occurred on the date stated above, at

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

Date of onset

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? Date of injury

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) Clyde C. William Brown

(Address) Plwy

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

