

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

27089  
Do not use this space.

**AUG 7 1939**

**I. PLACE OF DEATH**

(a) County Vernon Registration District No. 875  
 (b) Township Center Primary Registration District No. 3039 Registered No. 159  
 (c) City or Neosho (d) Street No. 1525 West Cherry 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. of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. 1525 N. Cherry 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Lattie Thompson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 - 1866  
 7. AGE YEARS 74 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular work done, as sawyer, bookkeeper, etc. Salesman  
 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) Fountain (STATE OR COUNTRY) Ill

FATHER (3 NAME) Edward Thompson

14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Elmina Williamson

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) James Thompson  
Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Woodsley Cemetery DATE July 3 1939

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home (ADDRESS) Nevada Mo

20. FILED 7-3 1939 Allen V. Kaye Local Registrar. 795 (Address) Nevada, Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 - 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28 to June 30, 1939  
 (state how long alive on June 28, 1939. Death is said to have occurred on the date stated above, at 9:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Infirmities due to advanced age. Date of onset 1939

Other contributory causes of importance: 162

Name of operation..... Date of.....  
 What test confirmed diagnosis? Exam 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? no  
 If so, specify.....  
 (Signed) J. H. Gou, M. D.  
Nevada, 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1110

Date Filed 8-3-39

**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 Personal

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Lloyd R. Wincott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.**