

39301

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

39301
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton Registration District No. 169
(b) Township Brunswick Primary Registration District No. 5235
(c) City Brunswick Rural (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 Willie Lee Thompson
(a) Residence, No. 119 So. Fourth Liberty, Mo
(Usual place of abode, if no street address, write county of 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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian M. Thompson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2, 1908
7. AGE YEARS 31 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tree Surgeon
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) Fort Worth, Texas
13. NAME Victor C. Thompson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Hill, Mo
15. MAIDEN NAME Willie Higgins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wetherfield, Ohio
17. INFORMANT (ADDRESS) Mrs. Lillian Thompson, Liberty, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Paris Hill DATE 11-5-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. J. Gayman, Liberty, Mo
20. FILED Nov. 4, 1939 Harry E. Tatum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from San deceased just a few minutes after death 19____
I last saw him/her _____ alive on _____ 19____ Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:
accidentally killed in falling from a pegs tree while "peeling" the pegs neck fractured
Other contributory causes of importance: none
Date of onset _____
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 3, 1939
Where did injury occur? at home of Mrs. Ed Fricke (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. neither one
Manner of injury fell from a tree
Nature of injury neck fractured
24. Was disease or injury in any way related to occupation of deceased? yes, occupation at the time
If so, specify tree, occupation at the time
(Signed) Harry E. Tatum, M. D.
(Address) Brunswick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X 16905

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1/27/58

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 Orrel Robinson
Licensed Embalmer No. 4101
P. O. Address Highland, 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.