FILED MAR 1 - 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6569

State File No.

Registration District No. 308 Primary Registration District No. 2426 Registrar's No.

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town RURAL BOURBEOUS TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: SAFE MO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community ABOUT 39 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. SAFE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME W. ALEXANDER THOMPSON

3. (b) If veteran, name war NO.

3. (c) Social Security No.

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife ELIZABETH BROWN

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased JAN. (Month) 22 (Day) 1866 (Year)

8. AGE: Years 73 Months 11 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace CHAMOIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation BAPTIST PREACHER

11. Industry or business

FATHER
12. Name William H. Thompson
13. Birthplace (City, town, or county) W. Virginia (State or foreign country)

MOTHER
14. Maiden name Elizabeth Brown
15. Birthplace Osage Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Charles E Strand
(b) Address SAFE MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation HIGH GATE BAPT. CEM.

18. (a) Signature of funeral director W.F. Gettenstrater
(b) Address OWENSVILLE MO. 270

19. (a) Jan 7 1940 (Date received local registrar) (b) Mrs. Mattie Spurgeon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1940 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 31, 1939, to Jan 2, 1940 that I last saw him alive on Dec 31, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Cystitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)

While at work? (e) Means of injury

23. Signature J. B. Underwood (M. D. or other)

Address High Gate MO Date signed 1-5-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 3-11-39 I X19511

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 Me

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

working under my personal supervision.

Signed Milford Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.

I have been informed
from Bible records that
W. Alexander Thompson is
correct, has no first name
only & initial "W"

Mrs Mattie Simpson
Local Reg.

Please write first name
in full in No. 5

Please sign as registrar, state date
filed and return at once.

Harry F. Parker, M. D.
Special Agent, Bureau of the Census

5-6569 = 40

No. 2B
—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 65-69

Registration District No. 308 Primary Registration District No. 5426 Registrar's No.

1. PLACE OF DEATH:
(a) County Gasconade
(b) ~~City or town~~ Bourbon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ? (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: no
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. A
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME W Alexander Thompson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive year
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 73 Months 11 Days 11 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Jan 5 1940 (Date received by local registrar) Mrs Mellie Spurgeon (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 2 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. B. Underwood (M.D. or other)
Address Hughes Gates Date signed

SUPPLEMENTARY