

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

19006

**1. PLACE OF DEATH**

County New Madrid Registration District No. 55 File No. 4  
 Township Anderson Primary Registration District No. 4023 Registered No. 44  
 City V (No. 6262) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Unnamed Thornbrough  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 9 - 22</u>		
7. AGE	YEARS	MONTHS
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 - 1922  
 17. I HEREBY CERTIFY, That I attended deceased from June 9<sup>th</sup>, 1922, to June 9<sup>th</sup>, 1922 that I last saw h. alive on June 9<sup>th</sup> 1922 and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
congenital Pulmonary atelectasis  
161A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 161A  
 IF NOT SAY PLACE OF DEATH \_\_\_\_\_  
 19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) J. A. Bryant, M. D.  
6-10-1922 (address) Gideon Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

9. BIRTHPLACE (CITY OR TOWN) Gideon Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Lalie Thornbrough

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bella Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

14. INFORMANT J. M. Thornbrough  
 (Address) Gideon Mo

15. FILED 7/10/22 M. D. Muesma  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's DATE OF BURIAL June 10 1922  
L. H. Cresap  
 ADDRESS Gideon

20. UNDERTAKER L. H. Cresap

No. 2 - Every item of information should be stated EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

