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

Do not use this space.
27956

1. PLACE OF DEATH
County: Dent — Registration District No.: 661
Township: Little Piney — Primary Registration District No.: 3-862
City: Cantwellville (No. 4338 St. Ward)

File No.:
Registered No.: 198

2. FULL NAME Imogene Thrasher

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12, 1916

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
11	8	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Olion Co.
(STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER Earl Thrasher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grand View
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Clara Thrill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cantwellville
(STATE OR COUNTRY) Missouri

14. INFORMANT Thomas Thrasher
(Address) Cantwellville Mo

15. FILED Oct 10, 1927 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1927, to Sept 16, 1927, that I last saw him alive on Sept 15, 1927 and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Following Typhoid
Fever (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J B Letton, M. D
Sept 16 1927 (Address) Cantwellville 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Little Crane Cemetery	Sept 17 1927

20. UNDERTAKER	ADDRESS
J. L. LaForge	Cantwellville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.