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

Do not use this space.

38340

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11005

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 3851 Lafayette Ave. St. ..... Ward)

2. FULL NAME Marjorie M. Thorp

(a) Residence. No. 3851 Lafayette Ave. St., 17 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19-1917

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
10	10	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None — School girl
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER James T. Thorp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary Kayser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT James T. Thorp
(Address) 3851 Lafayette Ave

15. FILED DEC — 9 1927 Max C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1927, to Dec 8th, 1927 that I last saw her alive on Dec 8th, 1927, and that death occurred, on the date stated above, at 12:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Leukaemia (Myeloblastic)
V2A
115A (duration) ..... yrs. 1 mos. 8 ds.

CONTRIBUTORY (SECONDARY) Vincent's Angina
65A (duration) ..... yrs. 1 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood examination
(Signed) Fred F. Gille, M. D
12/8, 1927 (Address) 2702 N. Grand Ave

*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: Marshall Mo.
DATE OF BURIAL: Dec 9- 1927

20. UNDERTAKER: A. Kron. L. U Co.
ADDRESS: 2707 - North Grand Blvd.

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.