MAR 16 1928

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

Do not use this space.

3917 6

1. PLACE OF DEATH

Count Andrew — Registration District No. 13 — File No.

Township Jefferson, — Primary Registration District No. 5017 — Registered No. 14

City (No. Stop 17 Savannah Road, St. Ward)

2. FULL NAME Frank Thornton Sr.

(a) Residence. No. Stop 17, Savannah Rd. 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: 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 Sadie E. Thornton,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	6	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Department Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Dry Goods

(c) Name of employer Wheeler & Motter Merc. Co

9. BIRTHPLACE (CITY OR TOWN) Alta Vista, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Thomas J. Thornton,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Roseyville, (STATE OR COUNTRY) Indiana,

12. MAIDEN NAME OF MOTHER Margaret T. Edwards

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

14. INFORMANT Mrs Frank Thornton (Address) R.F.D. #3 St. Joseph, Mo

15. FILED Feby 27, 1928 C. O. Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby/24 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927, to Feb 24, 1928, that I last saw h. ... alive on Feb 24, 1928, and that death occurred, on the date stated above, at 11:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
93C
11A
90B
Several years (duration) yrs. ds.

CONTRIBUTORY (SECONDARY) Influenzal pneumonia (duration) yrs. mos. 7 ds.

*18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Daniel Morton, M.D

Feb 25, 1928 (Address) King Hill Bldg.

*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: Mount Mora Cemetery — DATE OF BURIAL: Feb. 27th 1928

20. UNDERTAKER: Heaton-Bell Gale & Bowman Funeral Home — ADDRESS: 319 S. 10 St. St. Joseph, Mo

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.