MAR 23 1928

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

Do not use this space.

File No. 4749

Registered No. 1

1. PLACE OF DEATH
County: Howell
Township: ~~Howell~~
City: West Plains (No. ..... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 4777

2. FULL NAME: Ely Thornburgh

(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 43 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)
M	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Martha W. Thornburgh

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11/14/1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	3	1	

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

9. BIRTHPLACE (CITY OR TOWN): Table Grove
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Ely Thornburgh
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: Mr. E. E. Thornburgh
(Address)

15. FILED 2-18 1928 O. A. Heinrich
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/15 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1924, to Feb. 15 1928, that I last saw him alive on Feb. 15 1928, and that death occurred, on the date stated above, at 5:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Edema of Lungs
12 hrs
Illness
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY): Gastro-Hepatic disease
undetermined (duration) 4 yrs. mos. 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? Clinical
(Signed) A. S. Thornburgh M. D
2/17 1928 (Address) West Plains, 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: Oak Lawn Cemetery
DATE OF BURIAL: 2/17 1928

20. UNDERTAKER: George Q. Stapp
ADDRESS: West Plains 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.

PERMANENT RECORD