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

Do not use this space.

8814

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 5

Township Law — Primary Registration District No. ..... — Registered No. .....

City Kansas City (No. 1727 Woodland St. ..... Ward)

2. FULL NAME Mary Thornton

(a) Residence. No. 1727 Woodland St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Anthony Thornton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1889

7. AGE: Years 38 | Months 7 | Days mh | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 23A 27B
(b) General nature of industry, business, or establishment in which employed (or employer): 120E
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co Mo

PARENTS

10. NAME OF FATHER: Geo. W. Burgett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co. Mo

12. MAIDEN NAME OF MOTHER: Millie Talum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Salopax Virginia

14. INFORMANT: Mrs. Susie Jefferson
(Address) 1727 Woodland Ave

15. FILED 3-3, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1928 to Feb 29, 1928 that I last saw her alive on Feb 29, 1928 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of hip with Pulmonary complications (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Gastro-enteritis & Exhaustion (duration) ..... yrs. ..... mos. 5 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? Physical & Lab.

(Signed) Jas. A. Jones, M. D

3/2, 1928 (Address) 1612 E 12 St

*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: Highland Cemetery — DATE OF BURIAL: 3-5-1928

20. UNDERTAKER: Flynn and Greenstreet — ADDRESS: 1819 E. 15th St.

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