

25 1521

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

Do not use this space.

20996

1. PLACE OF DEATH

County Jasper
Township Joplin Mo.
City Joplin Mo. (No.)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No. 255
St. Ward)

2. FULL NAME

(a) Residence No. 815 Jackson Ave Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie Thornton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min. 70 8 20

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Mine Supv. (b) General nature of industry, business, or establishment in which employed (or employer) Jac & Led Mine (c) Name of employer Refined & Saline Co.

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

10. NAME OF FATHER James Thornton

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

12. MAIDEN NAME OF MOTHER Annaida Bridgeman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT (Address) Mrs. Minnie Thornton 815 Jackson Ave

15. FILED 6/19/28 Dr. B. C. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1928 to June 1, 1928 that I last saw alive on June 1, 1928, and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
92D

CONTRIBUTORY (SECONDARY) 9AB

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

DID AN OPERATION PRECEDE DEATH? DATE OF Mo

WAS THERE AN AUTOPSY? Mo

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) John E. Hines, M. D. Joplin Mo. (Address)

*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 Mt. Hope Cem June 2, 1928

20. UMBERTAKER ADDRESS Frank Sever Joplin Mo

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.

