

P 24 1928

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

Do not use this space.

26464

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (Name Missouri Methodist Hosp. Ward) Registered No. 938

2. FULL NAME

Virgil Jonas Thrasher

(a) Residence. No. Agency Mo St. Mo 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 4 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
14 6 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Richard E. Thrasher

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

12. MAIDEN NAME OF MOTHER Virginia Drake

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

14. INFORMANT Richard Thrasher
Address Agency Mo

15. FILED 8 1928
John G. [Signature] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5th 1928

17. I HEREBY CERTIFY, That I attended deceased from 8/4/28 1928, to 8/5/28 1928, that I last saw him alive on 8/5/28 1928, and that death occurred, on the date stated above, at 6:15 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
General Peritonitis from perforated appendicitis
CONTRIBUTORY (SECONDARY) 11/10/28

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 8/4/28

WHAT TEST CONFIRMED DIAGNOSIS? Operative
(Signed) [Signature] M. D.
8/7 1928 (Address) 321 N 8th 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 Kingston Mo DATE OF BURIAL Aug 8, 1928

20. UNDERTAKER F. G. Biederfaden ADDRESS 602 So 10

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

