NOV 2 1928

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

Do not use this space.

29519

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township — Primary Registration District No. 3039. — Registered No. 226.
City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Marguerite Thorpe
(a) Residence. No. 905 W. Hunter St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Feb. 5th. 1913
7. AGE: Years 15 — Months 5 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Carl Junction
(STATE OR COUNTRY) Missouri
PARENTS
10. NAME OF FATHER Wm C. Thorpe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Beaulah Ellis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
14. INFORMANT Mrs Loren Logan
(Address) Nevada Mo.
15. FILED 10/8, 1928 E. R. King REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1928
17. I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to Aug 2, 1928, that I last saw her alive on Aug 2, 1928, and that death occurred, on the date stated above, at 8 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia +
57A 52A
36 (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) Rheumatic arthritis
(duration) yrs. 1 mos. 17 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 2, 28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? symptoms
(Signed) H. W. Lancaster, M. D.
, 19 (Address) Nevada 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: Deepwood Cemetery — DATE OF BURIAL: Aug 4 1928
20. UNDERTAKER: Allen E Hays — ADDRESS: Nevada 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.