321 1929

11
6
9

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.

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

Do not use this space.

375

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 56

City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME Burt George Thayer,

(a) Residence. No. 1715 South 26th. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	7	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Principal,

(b) General nature of industry, business, or establishment in which employed (or employer) School,

(c) Name of employer Doniphan, Kansas.

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

PARENTS

10. NAME OF FATHER Geo. W. Thayer,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Vermont,

12. MAIDEN NAME OF MOTHER Sarah M. Roth,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

14. INFORMANT Mrs. B. G. Thayer (Address) 1715 South 26th. Street.

15. FILED JAN 14 1929 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1929, to Jan. 12, 1929, that I last saw him alive on 12 Jan., 1929, and that death occurred, on the date stated above, at 12:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D

1-14, 1929 (Address) 720½ Francis

*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
Ashland Cemetery,	Jan. 14, 1929
20. UNDERTAKER	ADDRESS
Heaton-BeGole & Bowman by J. W. Karle	319 S. 10 St. Funeral Home

Frederick Eliscu