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

Do not use this space.

5809

MAR 21 1929

1. PLACE OF DEATH
County Chariton — Registration District No. 175 — File No.
Township — Primary Registration District No. 4104 — Registered No. 16
City Salisbury (No. ..... St. ..... Ward)

2. FULL NAME Wendel Thorton

(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: Col
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) Mar 5 - 1918

7. AGE: YEARS 10 — MONTHS 11 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(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) Mo

PARENTS
10. NAME OF FATHER Otis Thorton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mabel Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mabel Lewis
(Address) Salisbury Mo

15. FILED 7/28 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 28, 1929, that I last saw him alive on Feb 28, 1929, and that death occurred, on the date stated above, at 10 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Edema
914
1114
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Sub Acute Bacterial Endocarditis (duration) 1 yrs. ..... mos. ..... 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? None
(Signed) Rasphine [illegible] M. D.
2/28, 1929 (Address) Salisbury 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: Salisbury Cem — DATE OF BURIAL: 3 - 3 1929

20. UNDERTAKER: Winkelmeyer Bros — ADDRESS: Salisbury Mo

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.

261