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

Do not use this space.

9723

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File No. 435

Registered No.

Registration District No. 1001

Primary Registration District No.

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph, (No. Saint Joseph's Hospital St. Ward)

2. FULL NAME Lullie A. Thorne, Church

(a) Residence. No. St., Ward 1/2 Mile West Long Branch
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	0	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER James Snowden,

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

12. MAIDEN NAME OF MOTHER Lulu Cooley,

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

14. INFORMANT Henry Thorne
(Address) R.F.D. #5, Savannah, Mo.

15. FILED APR 1 1929 John G. Gh REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency
930
1200
(duration) ....yrs....mos....ds.

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gustav A Lau, M. D.

3/30 1929 (Address) Kirkpatrick Bldg

*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
Long Branch Cemetery	Apr. 2nd 1929
20. UNDERTAKER	ADDRESS
Heaton Brothers & Bowman	319 S. 10 St.

by J. M. Karle Funeral Home

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.

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