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

Do not use this space.

19113

SEP 27 1929

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township [illegible] Creek — Primary Registration District No. 3034 — Registered No. 92
City Mis[illegible] Moberly (No. ..... St. ..... Ward)

2. FULL NAME William Andrew Tharne
(a) Residence. No. 1100 Quinn St., ... 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 - 1886

7. AGE: Years 42 | Months 7 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): Wabash Railroad
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brusha, Texas

PARENTS
10. NAME OF FATHER: Andrew Tharne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Texas
12. MAIDEN NAME OF MOTHER: Mary Wilkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Mrs Galene Roberts
(Address) 406 Franklin Ave - Moberly Missouri

15. FILED May 7, 1929 Thos S Fleming, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1929, to May 2, 1929, that I last saw him alive on May 2, 1929, and that death occurred, on the date stated above, at 1.30 P.M. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lues, cerebrospinal
34
102
(duration) ~~Since yr. 1929~~ mos. ds.

CONTRIBUTORY (SECONDARY) Arterial hypertension (?)
(duration) (?) 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? Clinical + Lab.
(Signed) R. D. Streeter, M. D
May 2, 1929 (Address) Moberly 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: Oakland Cemetary — DATE OF BURIAL: May 5 1929

20. UNDERTAKER: G. C. Minor — ADDRESS: Moberly

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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