

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

Do not use this space.

20829

1. PLACE OF DEATH
 County Caldwell Registration District No. 96
 Township Hamilton Primary Registration District No. 14058
 City Hamilton (No.) St. Ward
 Registered No. 21

2. FULL NAME James Orr Thornton
 (a) Residence No. 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Thornton</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 3 1868</u>			
7. AGE	YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>22</u>
	If LESS than 1 day, hrs. min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Druggist</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer			
9. BIRTHPLACE (CITY OR TOWN) <u>Hamilton Mo</u> (STATE OR COUNTRY) <u>Caldwell Co.</u>			
PARENTS	10. NAME OF FATHER <u>Henry Thornton</u>		
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)		
	12. MAIDEN NAME OF MOTHER <u>Envelope Orr</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Not known</u> (STATE OR COUNTRY)			
14. INFORMANT <u>John Winters</u> (Address) <u>Hamilton Mo</u>			
15. FILED <u>July 29 1929</u> <u>Sinsley Brown</u> REGISTRAR			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1919, to June 26 1929, that I last saw him alive on June 25 1929, and that death occurred, on the date stated above, at 1:05 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
Endo Carditis

18. WHERE WAS DISEASE CONTRACTED Several years (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Endo Carditis (duration) yrs. mos. ds.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL June 28 1929

20. UNDERTAKER John Baughn ADDRESS Hamilton 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.

13 JUL 24 1929

4 2

16

1

2

31

1828
1828
1828