MAR 28 1930

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

Do not use this space.

5591

File No.
Registered No. 14

1. PLACE OF DEATH
County: Linn. Registration District No. 496
Township: Primary Registration District No. 3625
City: Brookfield (No. ..... St. ..... Ward)

2. FULL NAME: Catherine Lavon Thorne

(a) Residence. No. 516 S Livingston St., 4 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: F
4. COLOR OR RACE: W
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): Feb. 15 1930

7. AGE

Years	Months	Days	If LESS than 1 day, 12 hrs. or ..... min.
		12 hrs	

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): Brookfield
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: John L. Thorne
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Osage City
(STATE OR COUNTRY): Kan.
12. MAIDEN NAME OF MOTHER: Alice Louise Pearl
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Brookfield
(STATE OR COUNTRY): Mo.

14. INFORMANT: John L. Thorne
(Address): 516 S Livingston

15. FILED: 2-16, 1930. Bessie M. Fox, Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1930, to Feb. 16, 1930, that I last saw her alive on Feb. 15, 1930, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
(6 Months)
15g
(duration) yrs. mos. 1 ds.

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

Total

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: —
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Observed
(Signed) Earl Stanley, M. D.
, 19 (Address) Brookfield 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: Rose Hill Cemetery
DATE OF BURIAL: 2-16 1930.

20. UNDERTAKER: Homer A. Thornton
ADDRESS: Brookfield

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.