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

Do not use this space.

39499

File No. 5479

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 2 3 5

Township Kaw — Primary Registration District No.

City Kansas City (No. K. C. General Hosp. St. Ward)

2. FULL NAME LeRoy Thornton

(a) Residence. No. 4th & Genessee St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Thornton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	2	24	

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

PARENTS

10. NAME OF FATHER Farra Thornton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Seley Newton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT Bernice Clerk
(Address) K. C. General Hosp.

15. FILED 12/17, 1930 Wm. M. Crouse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-1, 1930, to 12-17, 1930 that I last saw h alive on 12-17, 1930 and that death occurred, on the date stated above, at 12:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis, post operative

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Obstruction of common duct

Carcinoma of pancreas? (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12/1/30

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clin Find & Autopsy

(Signed) P. O. Willcuts, M. D.

12-17, 1930 (Address) Supt K. C. Gen. Hosp. K.C. 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	DATE OF BURIAL
Parsons Kans	Dec 18 1930
20. UNDERTAKER	**ADDRESS**
John W Wagner	Linwood W'ganotth

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.