WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

SEP 21 1931

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 35 — File No. 27579
Township — Primary Registration District No. 1001 — Registered No. 887
City St. Joseph, Mo. (No. 2707 Walnut St. Ward)

2. FULL NAME James C. Thornton
(a) Residence No. 2420 Felix St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Zoa Thornton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 14, 1873

7. AGE: YEARS 58 — MONTHS 6 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr. Southwestern
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bell Tel Co
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford Missouri

FATHER
13. NAME: Daniel Thornton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford, Missouri

MOTHER
15. MAIDEN NAME: Elizabeth Hostetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford, Missouri

17. INFORMANT (ADDRESS): Mrs. Zoa Thornton St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: August 26, 1931

19. UNDERTAKER (ADDRESS): Fleeman Funeral Home, St. Joseph, Mo.

20. FILED: AUG 26 1931 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from VIEWED on ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset
92 B
92 A

Other contributory causes of importance: None

Name of operation: None — Date of —
What test confirmed diagnosis? History — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury —, 19.....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) 821 Francis