

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.

MAY 23 1932

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

Do not use this space.

1. PLACE OF DEATH 85
 County Buchanan Registration District No. 1001
 Township St. Joseph Primary Registration District No. 1304 No. 2nd. St.
 City St. Joseph (No. 1304 No. 2nd. St. St. Ward)

2. FULL NAME Thomas G. Sortor
 (a) Residence, No. 1304 No. 2nd. St. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

11715 ✓

File No.
 Registered No. 395 St. Ward

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 Luvinia Sortor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 4, 1856

7. AGE YEARS 76 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mar, 1932 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana

MOTHER 13. NAME Thomas Sortor

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Luvinia Sortor (ADDRESS) 1304 No. 2nd. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Apr. 23, 1932

19. UNDERTAKER Walter Meierkoffer (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED APR 23 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr, 21, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from viewed on Apr, 21, 1932, 19 , to , 19 . I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 4.00 A.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage of lungs

Other contributory causes of importance: Tuberculosis o lungs & Chronic Interstitial Nephritis

Date of onset

23A
131
23B

Name of operation Date of
 What test confirmed diagnosis Histology Was there an autopsy? 770

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? 770
 If so, specify
 (Signed) B. W. Tadlock Coroner, M.D.
 (Address) King Mill Bldg. St. Joseph, Mo.

