

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

Do not use this space.

21020

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. Ma., Baptist Hospital St. Ward)

File No.
Registered No. 55221

2. FULL NAME

(a) Residence, No. Ruby L. Thorn St., 12 Ward. Bloomfield Mo.
(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 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 Mary E. Thorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>3</u>	<u>22</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1218

10. Date deceased last worked at this occupation (month and year) 93A

11. Total time (years) spent in this occupation 121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrenceville Illinois

13. NAME Clinton Thorn

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

15. MAIDEN NAME Susan Haines

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

17. INFORMANT (ADDRESS) Mrs. Mary E. Thorn Bloomfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Mo. DATE June 10 1932

19. UNDERTAKER (ADDRESS) Geo. L. Pleitich Inc. 5964-68 East 11th Ave

20. FILED 11 15 1932 Max C. Starbuck Registrar

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932 to June 10, 1932
I last saw him alive on June 10, 1932 Death is said to have occurred on the date stated above, at 4 9 m.
The principal cause of death and related causes of importance were as follows:

myo corditis acute 3 days
121
Other contributory causes of importance: 121

appendicitis ch. nat
Name of operation appendectomy Date of 6-2-32
What test confirmed diagnosis? Chlouse 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?
If so, specify Cholera
(Signed) Chester A. Tully M. D.
(Address) 613 E. ...

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.

