

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

Do not use this space.

22185

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
1 Township Advance Registration District No. 3009
8 City Cape Girardeau (No. St. No Hospital) St. _____ Ward _____

2. FULL NAME

John Thorpe
(a) Residence No. Advance Mo St. _____ Ward Advance 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 Anna Thorpe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation. 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas Tenn

13. NAME Charles Edward Thorpe

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

15. MAIDEN NAME Sarah Nelson

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

17. INFORMANT Anna Thorpe (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE 8/12 1932

19. UNDERTAKER V. O. Harris, Advance (ADDRESS)

20. FILED 8-1-32 W. Kaempfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24 1932, to July 30 1932.
I last saw him alive on July 30 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis
Date of onset 9/29/32
Other contributory causes of importance: Adeno carcinoma sigmoid (Colon)
7 Sigmoid (Colon)
Name of operation Colostomy Date of 9/28/32
What test confirmed diagnosis? microscopic 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) Wm H. Werncom M. D.

(Address) Cape Girardeau Mo

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.

MS 22 1932

