

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

Do not use this space.

26514

1. PLACE OF DEATH  
 49 County Jasper Registration District No. 411  
 7 Township Joplin, Mo. Primary Registration District No. 2002  
 5 City Joplin, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME William Thornton  
 (a) Residence, No. 905 Central St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (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) Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1889  
 7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 43 6 3  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common labor  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 23 1/2  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carterville, Mo.  
 13. NAME J. E. Thornton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Iowa  
 15. MAIDEN NAME Ella Crosser  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carterville, Mo.  
 17. INFORMANT (ADDRESS) Charles Thornton, Joplin, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Aug 24, 1932  
 19. UNDERTAKER (ADDRESS) Frank H. ...  
 20. FILED Aug 27, 1932 W. G. ... Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1932 to Aug 25, 1932  
 I last saw the deceased Aug 25, 1932 at home Death is said to have occurred on the date stated above, at \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:  
Hemorrhage from right cerebral  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide suicide Date of injury 7-24-32  
 Where did injury occur? Joplin, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. at home  
 Manner of injury cut of throat, suicide  
 Nature of injury hemorrhage from cut  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Wm. ... M. D.  
 (Address) Cornier Jones Co, Mo

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 23 1932

