

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.

JUL 22 1933

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

Do not use this space.

1. PLACE OF DEATH

99 County Saline
Township Saline Fork
City _____ (No. _____)Registration District No. 798
Primary Registration District No. 6041File No. 21995Registered No. _____
St. _____ Ward _____2. FULL NAME Bessie Lee Thorp Library(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Guy Library6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3-18817. AGE YEARS 46 MONTHS 3 DAYS 14 If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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

12. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo. (STATE OR COUNTRY)13. NAME Richard J. Thorp14. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo. (STATE OR COUNTRY)15. MAIDEN NAME Catherine Furr16. BIRTHPLACE (CITY OR TOWN) Saline Co. Mo. (STATE OR COUNTRY)17. INFORMANT Guy Library (ADDRESS) Maple Mo18. BURIAL, CREMATION, OR REMOVAL Swallow Memorial DATE June 18 193319. UNDERTAKER R. M. C. Bell (ADDRESS) Maple Mo20. FILED 6/22 19 33 Wm. H. Williams (Address) Blackwater, Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 193322. HEREBY CERTIFY That I attended deceased from June 7 1933, to June 17 1933I last saw him alive on June 17 1933. Death is said to have occurred on the date stated above, at 4:45 m.

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

Typhoid Fever Date of onset 6-5-33

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? _____ 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? NoIf so, specify _____ (Signed) W. H. C. Bell M. D.Blackwater, Mo

