

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

Do not use this space.

32253

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St Joseph (No. St Joseph's Hospital)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 1007  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. Clarksdale 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1929-7-19

7. AGE 4 YEARS 2 MONTHS 22 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) (STATE OR COUNTRY) Clarksdale Mo

13. NAME Lawrence Thornton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Mo

15. MAIDEN NAME William Washburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

17. INFORMANT Lawrence Thornton (ADDRESS) Clarksdale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale Mo DATE Oct 13 1933

19. UNDERTAKER Truman B. G. Brumman (ADDRESS) 317 So 10th

20. FILED Oct 17 1933 John K. Rinder Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/11 1933, to Oct 11 1933

I last saw her alive on 10/11 1933 Death is said to have occurred on the date stated above, at 3:15 P.M.

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

Burn of body of 2 degrees Date of onset 10/14/33

House did not burn

Other contributory causes of importance: Shock 18!  
sepsis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/11 1933

Where did injury occur? home, Clarksdale, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Caught clothes on fire

Nature of injury Burns of body

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) M. H. Tully M. D.  
(Address) 411 Corb. Bldg. St. Joseph 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.

NOV 10 1933

