Dr. W.

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

Do not use this space.

33750

File No.
Registered No. 69

1. PLACE OF DEATH
69 County Mississippi — Registration District No. 567
Township St. James — Primary Registration District No. 5763
City (No. St. Ward)

2. FULL NAME Glynn Estelle Thornton

(a) Residence, No. Canalou, Mo. 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.

NOV 10 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28-1932

7. AGE Years 1 Months — Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mississippi Co.

FATHER
13. NAME Virgil B. Thornton.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Ky.

MOTHER
15. MAIDEN NAME Katie Ann Irvie.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Virgil B. Thornton Canalou, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Daffoss, ridge DATE Oct 5 1933

19. UNDERTAKER Frank N. Shelly
(ADDRESS) East Prairie Mo.

20. FILED Oct 4 1933 Duffin Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to Oct 4 - 1933
I last saw h er alive on Sept 29 1933 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

Dysentery — Date of onset
13 C

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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
(Signed) Geo W. Whitaker, M. D.
(Address) East Prairie, Mo.