

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

Do not use this space.

164

1. PLACE OF DEATH

County Boone Registration District No. 73 File No. _____
 Township Columbia Primary Registration District No. 3006 Registered No. 26
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Thorp Gladys Helen
 (a) Residence, No. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10, 1906

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934 to _____, 19____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 28 0 10

I last saw h. alive on _____, 19____
 Death is said to have occurred on the date stated above, at 2:30 P.M. A.M.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

The principal cause of death and related causes of importance were as follows:
Peritonitis Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Other contributory causes of importance: _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Boone Co. Missouri
 (STATE OR COUNTRY)

13. NAME Robert Adams

14. BIRTHPLACE (CITY OR TOWN) Boone Co., Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Griggs

16. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo.
 (STATE OR COUNTRY)

17. INFORMANT Leslie Thorp
 (ADDRESS) Orange Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Cem. DATE 1-22-1934

19. UNDERTAKER Garber Lunn Co.
 (ADDRESS) 16 N. 10th St.

20. FILED 1/22/1934 Allie Selby
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Past. Mat. Was there an autopsy? Yes

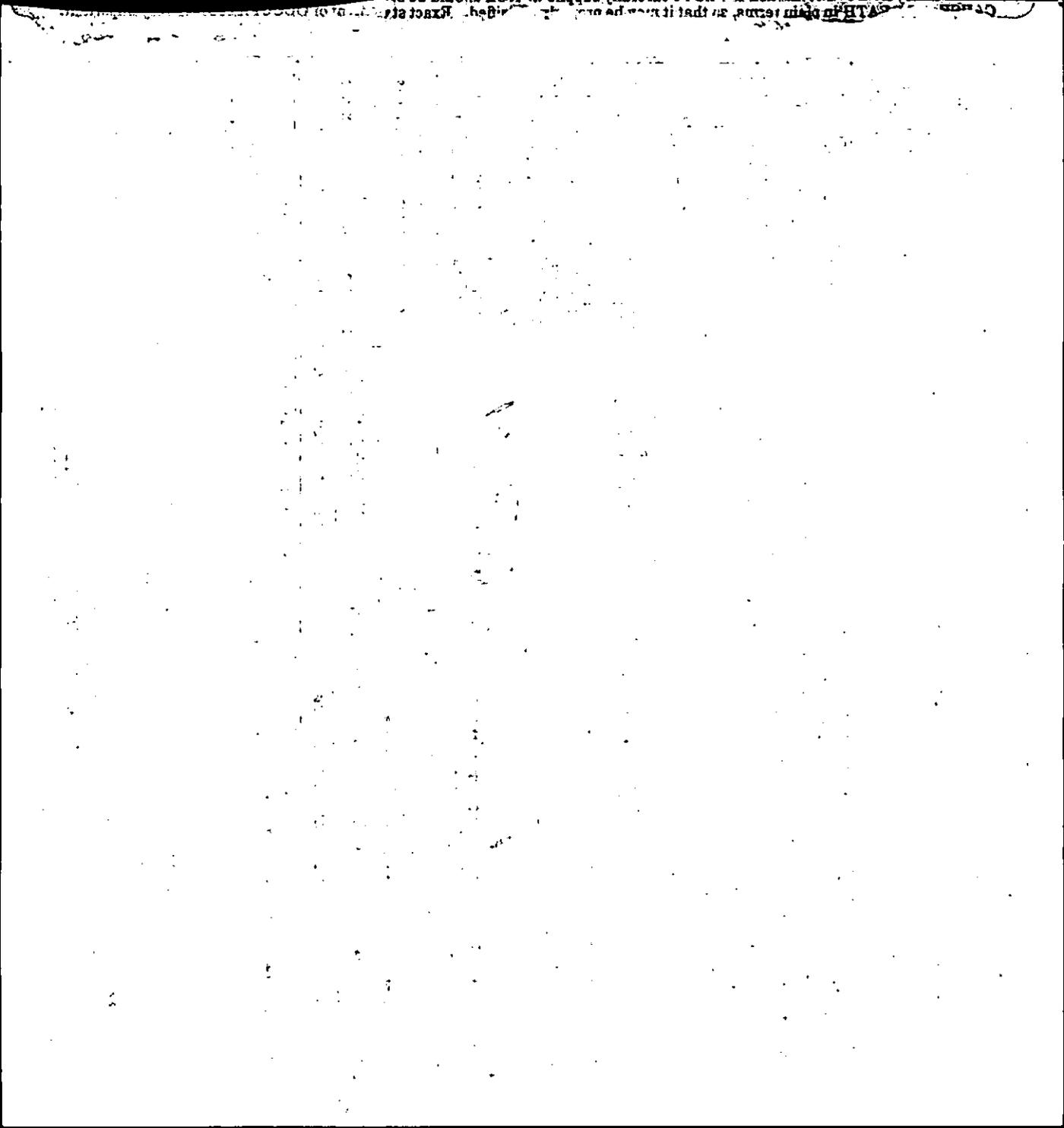
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) E. G. Davis, Coroner
 (Address) Columbia Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Boone
Township
City Calumet (No. 1)

Registration District No. 73
Primary Registration District No. 3006

File No. 164
Registered No. 26
St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 1911 Allice Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the _____ stated above, at _____ m.

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

Peritonitis Date of onset _____

The coroner states that it was caused from an abortion

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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