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

Do not use this space.

4429

File No. ____
Registered No. 2

1. PLACE OF DEATH

County DEKALB — Registration District No. 258
Township WASHINGTON — Primary Registration District No. 5360 A
City ____ (No. ____, ____ St. ____ Ward)

2. FULL NAME MARY E. THORNTON

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 7 — 1880

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
54	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSE WIFE
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9. BIRTHPLACE (CITY OR TOWN) ____
(STATE OR COUNTRY) BUCHANAN Co. Mo

PARENTS
10. NAME OF FATHER GEO. N. CHAMBERS
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER MARTHA BUTLER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Mo

14. INFORMANT L. R. Thornton
(Address) Clarkdale Mo

15. FILED 2/12, 1934 C. M. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB-11 — 1934

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1933, to Feb. 10th-1934, 19____, that I last saw her alive on Feb. 10th, 1934, and that death occurred, on the date stated above, at 9-25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Hemorrhage~~ Pernicious Anemia
~~Underlying~~ St. Joseph trouble diseased and
~~could not~~ ~~Hardly~~ ~~live air~~ basis
TIA (duration) 6 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____ (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED ____
IF NOT AT PLACE OF DEATH ____
DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____ No
WAS THERE AN AUTOPSY? ____ No
WHAT TEST CONFIRMED DIAGNOSIS? ----
(Signed) O. L. Perkins, M. D.
2/16, 1934 (Address) Clarkdale Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
THORNTON CEMETERY	2/13 1934
20. UNDERTAKER	ADDRESS
C. M. Davis	Clarkdale Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.