

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

Do not use this space.

1. PLACE OF DEATH

County Atchison

Registration District No. 17

Township Clark

Primary Registration District No. 3-021

City Fairfax

(No. _____, _____ St. _____ Ward)

File No. 7674

Registered No. _____

2. FULL NAME Thalia DeSilva Litherbury

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles T. Litherbury</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 24, 1851</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Wisconsin

MOTHER FATHER 13. NAME C. A. De Silva

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

15. MAIDEN NAME Amanda Thompson

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

17. INFORMANT Alice Litherbury (ADDRESS) Fairfax Mo

18. BURIAL, CREMATION, OR REMOVAL Wissouri Ridge PLACE Fairfax Mo DATE Mar 18, 1934

19. UNDERTAKER J. M. Ruvy (ADDRESS) Jankio mo.

20. FILED 3-18 1934 Hetta B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1934, to Mar 16, 1934

I last saw her alive on Mar 15, 1934. Death is said to have occurred on the date stated above, at 7:15 AM

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

93 C Cerebral Hemorrhage -
92 Chronic Myocarditis
97
93 C

Other contributory causes of importance:
General arteriosclerosis
Hypertension

Date of onset 3-9-34

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 _____, 1934

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) Melvin Allen Melhara, M. D.

(Address) Fairfax, Missouri

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.

1934

8

MOTHER FATHER

