

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

Do not use this space.

4210

FEB 18 1935

1. PLACE OF DEATH

County Adair Registration District No. 4
 Townshp. Benton Primary Registration District No. 3001
 City Kirkville (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 18

2. FULL NAME

Boyd Thorington
 (a) Residence, No. _____ St., 3rd Ward.
 (Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? 1 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3, 1919</u>				
7. AGE	YEARS <u>15</u>	MONTHS <u>10</u>	DAYS <u>21</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>School Boy</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>			
	10. Date deceased last worked at this occupation (month and year) <u>6</u>		11. Total time (years) spent in this occupation. <input checked="" type="checkbox"/>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kirkville Missouri</u>				
FATHER	13. NAME <u>George Thorington</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kirkville Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Amelia Lovejoy</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
17. INFORMANT (ADDRESS) <u>Mother - Mrs. George Thorington</u> <u>Kirkville, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walrus Cemetery</u> DATE <u>Feb. 7</u> 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>W. C. Reby</u> <u>Kirkville Missouri</u>				
20. FILED <u>Feb 6</u> 19 <u>35</u> <u>Spencer Meeman</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from January 15 1935, to Feb. 1 1935
 (last saw him alive on Feb. 1 1935 Death is said to have occurred on the date stated above, at 4:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset Jan. 15

Other contributory causes of importance:

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** _____ 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) R. R. Keen, M. D.
 (Address) Kirkville

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.

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