

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.

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

Do not use this space.

13746

1. PLACE OF DEATH

County Nodaway
Township Roll
City Maryville

Registration District No. 625
Primary Registration District No. 3031
(No. St. Francis Hospital)

File No. _____
Registered No. 749
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Thornhill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-6-1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>10</u>	DAYS <u>28</u>
IF LESS than 1 day,hra. ormin.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to April 4, 1935. I last saw him alive on April 4, 1935. Death is said to have occurred on the date stated above, at 2:10 P. m.

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

Myocardial degeneration
Acute Indigestion

Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Specimen 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? _____
If so, specify _____

(Signed) H. M. Haller Jr., M. D.
(Address) Maryville Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nodaway Co MO</u>
	13. NAME <u>Wm Workman</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	15. MAIDEN NAME <u>Margaret Weaver</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	17. INFORMANT <u>Mrs Thornhill</u> (ADDRESS) <u>Bl. Co Mo</u>
BURIAL, CREMATION, OR REMOVAL	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miriam Cem.</u> DATE <u>4-6</u> , 19 <u>35</u>
	19. UNDERTAKER <u>Campbell Funeral Home</u> (ADDRESS) <u>Maryville Mo</u>
FILED	20. FILED <u>4-5</u> , 19 <u>35</u> <u>Mamie E. Clardy</u> Registrar

