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.

JUL 19 1935

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

Do not use this space.

19332

File No.

Registered No. 7

1. PLACE OF DEATH

County Daviess

Township Colfax

31

Registration District No. 255

Primary Registration District No. 5356

City (No. , St. Ward)

2. FULL NAME Felix Ralston 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 13, 1848

7. AGE: Years 86 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Jan. 1918

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schylar Co., Illinois

FATHER

13. NAME: John Thornton

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

MOTHER

15. MAIDEN NAME: Mary Ann Bates

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

17. INFORMANT (ADDRESS): Carl Harris, R.F.D. 2, Weatherby, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centenary Cemetery DATE June 14, 1935

19. UNDERTAKER (ADDRESS): Hope Furn. & Undt. Co., Gallatin, Mo.

20. FILED June 13, 1935 Fred W. Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26th, 1935, to June 12th, 1935

I last saw him alive on March 26th, 1935. Death is said to have occurred on the date stated above, at 5:20 PM

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

Chronic Myocarditis — Date of onset: Se

Other contributory causes of importance:

Senility.

Name of operation: Play Findings 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?

If so, specify

(Signed) Fred W. Wilson, M. D.

(Address) Winston, Mo.