

'JAN 15 1936'

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 622 No. 9th

38610

File No.

Registered No. 1275

St. Ward

2. FULL NAME Birdie Ann Thrasher

(a) Residence, No. 622 No. 9th

St.

Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 33 3 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ill several years
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed
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) Unknown Buchanan

13. NAME Earl L. Thrasher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Ga.

15. MAIDEN NAME Anna Banier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT Earl L. Thrasher (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Dec. 6, 1935

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS)

20. FILED 12-5-35 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935, to Dec 5, 1935.

I last saw him alive on Dec 3, 1935. Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Pulmonary tuberculosis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis cleared Was there an autopsy?

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) Colle Roubly M. D.

(Address) J. R. Baird

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.

