

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.

JAN 8 1936

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

Do not use this space.

40687

1. PLACE OF DEATH

County Ruffs
Township Wesport
City Wesport (No.)

Registration District No. 912
Primary Registration District No. 5960B

File No.
Registered No. 39
St. Ward)

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Feb 24, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
56 2 9

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

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

Farming

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Thornthwaite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Emily L. Thornthwaite

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT W. S. Waters (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wendell DATE Dec 6 35

19. UNDERTAKER W. S. Waters (ADDRESS)

20. FILED 1/7/36 1935 Carrie F. Titterbach Registrar.

MEDICAL CERTIFICATE OF DEATH 6 P M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 to Dec 5, 1935

I last saw him alive on Dec 4, 1935. Death is said

to have occurred on the date stated above, at 2 P m.

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

Myocarditis (chronic)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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

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 H. H. Bland

(Signed) H. H. Bland, M. D.

(Address) Wendell

