Dr. J. A. Hill

JUL 18 1936

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

Do not use this space. 22372

1. PLACE OF DEATH

County Cole Registration District No. 213 File No.

Township Primary Registration District No. 3014 Registered No. 165

City Jefferson City (No. 213, East Capitol Ave. St. Ward)

2. FULL NAME Mrs. Mary Thornton

(a) Residence, No. 213 E. Capitol Ave. St., Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
86	11	21	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County, Kentucky

FATHER

13. NAME J. W. McCamm

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Clem Thornton
(ADDRESS) 315 Monroe St. J. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DATE June 7, 36

19. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 6/6/, 1936 W. Bedford M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to June 5, 1936

I last saw h. alive on June 4, 1936 Death is said to have occurred on the date stated above, at 8 p.m.

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

Bronchi-Pneumonia — Date of onset May 24-36

Senility for several yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinically 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) Jas. A. Hill, M. D.

(Address) Jefferson City Mo

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD