

SEP 29 1936

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

Do not use this space.

30998

1. PLACE OF DEATH

County JacksonRegistration District No. 319

File No.

Township KawPrimary Registration District No. 1007Registered No. 3727City Ke. Mo(No. Trinity Lutheran Hosp)

St. _____ Ward _____

2. FULL NAME Mrs Emma J Thornberg

(a) Residence, No. _____ St. _____ Ward _____

Easton, Kansas
(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 She 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 18727. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 11 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Easton Kans.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Walter Thornberg, Easton, Kansas18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Kans Aug 16, 193619. UNDERTAKER (ADDRESS) J. C. Davis, 2nd St., Leavenworth, Mo.20. FILED 8/16 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 193622. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1936 to Aug 16, 1936I last saw her alive on Aug 16, 1936 Death is saidto have occurred on the date stated above, at 8:10 P.M.

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

Date of onset _____

Cancer of Stomach Not Known
Had history of ulcer 3 yrs agoOther contributory causes of importance: 46Pneumonia 8/11/36Name of operation None Date of _____What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) J. J. Farnsworth, M. D.(Address) 730 Prof. Bldg K.C., Mo.

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.

