

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.

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

Do not use this space.

JAN 28 1936

43964

1. PLACE OF DEATH

County Callaway County
Township _____
City Fulton, Mo. (No. _____ St. _____ Ward _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 373

2. FULL NAME William Thorpe (Col.)

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

Length of residence in city or town where death occurred 1 yrs. 2 mos. 11 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 Negro	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) <u>Aug. 4, 1911</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>4</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
	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) <u>1935</u>	11. Total time (years) spent in this occupation _____

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

13. NAME W. M. Thorpe

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

15. MAIDEN NAME Effie Davis

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

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntsville, Mo. DATE Dec 14 1935

19. UNDERTAKER Tom B. Patton
(ADDRESS) Huntsville, Mo.

20. FILED Dec 12 1936 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1936

22. I HEREBY CERTIFY That I attended deceased from Inspector Dead body 12-12-1936

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:29 a.m.

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

Strangulation
Date of onset 12-12-36

Other contributory causes of importance:
suicide by hanging

Name of operation _____ Date of _____
What test confirmed diagnosis? Inspector Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12-12-1936

Where did injury occur? Body Room State Hospital
Fulton Callaway Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Strangulation
Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____
(Signed) R. N. Crews, M. D.

(Address) Fulton Mo

