

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 20 1937

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

Do not use this space.

47039

1. PLACE OF DEATH

County ST. LOUIS
Township
City ST. LOUIS (No. 4247, W. St. Ferdinand)

Registration District No. 791
Primary Registration District No. 1003

File No. 12866
Registered No. 12866
St. Ward

2. FULL NAME

Amanda Thornton

(a) Residence, No. 4247 W. St. Ferdinand, St. 11, Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Obt 67 - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prof.
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) Fendlin, Iowa Mo.

13. NAME Matthews.

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

15. MAIDEN NAME Amanda Matthews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fendlin, Iowa Mo.

17. INFORMANT Robbe Legeria Dalton

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D.C. DATE Dec. 31 1936

19. UNDERTAKER C. J. ...

20. FILED DEC 30 1936 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No. Phy. attended

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on... 19... Death is said

to have occurred on the date stated above, at 3:30 a.m.

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

Chr. Myocarditis
Arterio Sclerosis

Other contributory causes of importance:

Name of operation... Date of...

What test confirmed diagnosis? 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?

If so, specify

(Signed) Alfred Perry, M.D.

(Address) Deputy Coroner

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.

100M-3-22-35

