

FEB 17 1937

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

Do not use this space.

140

1. PLACE OF DEATH
County Boone Registration District No. 71
Township Cedar Primary Registration District No. 5116A
City (No. _____) St. _____ Ward _____

2. FULL NAME Earl Anderson Thornton
(a) Residence, No. Route 1, McBaine, Mo. 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 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) 12-21-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23

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) Boone County, Missouri

13. NAME W. A. Thornton

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

15. MAIDEN NAME Nellie Nixon

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

17. INFORMANT W. A. Thornton
(ADDRESS) Route 1 - McBaine, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 1-14, 1937

19. UNDERTAKER (ADDRESS) Parker Furniture Co. Colossumo, Mo.

20. FILED 2/13, 1937 Maude S. Nichols
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1937, to 1-13, 1937
I last saw him alive on 1-13, 1937 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____
Coronary Heart Disease

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Micro 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) A. B. Gray, M. D.
(Address) Ashtland 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.

