

FEB 16 1937

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

Do not use this space.

345

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff (No. 1)

Registration District No. 89
Primary Registration District No. 3907
Poplar Bluff Hospital

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Charles Jackson Thornton

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

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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1903

7. AGE YEARS 33 MONTHS 5 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Chandler Oklahoma

MOTHER FATHER 13. NAME O. Thornton

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

MOTHER 15. MAIDEN NAME Luella Greenfield

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

17. INFORMANT O. Thornton - father (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie DATE 1/9 1937

19. UNDERTAKER Wale J. Hopkins (ADDRESS) Bernie Mo

20. FILED 1/9 1937 W. O. Kutsenper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/9 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1937, to 1-9, 1937

I last saw him alive on 1-9, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Acute appendiceal abscess and

Other contributory causes of importance: Peritonitis

Name of operation Appendicitis Date of 1-7-37
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. O. Kutsenper M. D.
(Address) Poplar Bluff 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.

