FEB 25 1937

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

Do not use this space.

1671

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 433 N. Oakley St. Ward)

2. FULL NAME Elgin R. Thornton

(a) Residence, No. 433 N. Oakley St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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: Helen R. Thornton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26, 1875

7. AGE: YEARS 61 — MONTHS 9 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 187

10. Date deceased last worked at this occupation (month and year): Dec. 14, 1936

11. Total time (years) spent in this occupation: 27 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Mo.

FATHER

13. NAME: James T. Thornton — 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Elizabeth Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Denver E. Thornton, 703 E. 61 Terr.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Moriah — DATE: Jan. 27, 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons

20. FILED: Jan 26, 1937 — M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 25, 1937

22. I HEREBY CERTIFY That I attended deceased from Nov. 1, 1936 to Jan 24, 1937

I last saw him alive on Jan 24, 1937. Death is said to have occurred on the date stated above, at 4/30 A.M.

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

Sub. acute Endocarditis — Date of onset: 2 yrs.

Other contributory causes of importance: Strep tococcus infection to valves of heart

Name of operation: none — Date of

What test confirmed diagnosis? Clinical — 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) W. Connelly Anderson, M.D.

(Address) 6520 Indep. Ave.

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.

X7044

Mr. W. Corley Anderson
6520 Independence
Be 0756
4 o'clock