N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN [illegible] 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.

FEB 08 1937

4514

1. PLACE OF DEATH
County Saline
Township Cambridge
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 6037 H.

File No. —
Registered No. 1

2. FULL NAME Eliza Margeret Thornton

(a) Residence, No. ..... St., ... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1849

7. AGE: YEARS 86 | MONTHS 4 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Missouri

FATHER
13. NAME Louis F. Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia

MOTHER
15. MAIDEN NAME Mary Elizabeth Allison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

17. INFORMANT (ADDRESS) Harry Thornton Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord Cem. DATE Jan. 3 1937

19. UNDERTAKER (ADDRESS) W. W. Campbell Marshall, Mo.

20. FILED Jan 2 1930 J. H. Davidson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sep 8 1936, to Jan 1 1937
I last saw her alive on Dec 31 1936. Death is said to have occurred on the date stated above, at 1 20 a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: Sep 8-31

Other contributory causes of importance:
Recurring Cerebral Hemorrhage

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. sat. 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) J. H. Davidson, M. D.
(Address) Gilliam Mo