

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

Do not use this space.

**MAR 15 1937**

**1. PLACE OF DEATH**

County Boone  
Township Huntsdale  
City Huntsdale (No. YMA)

Registration District No. 77  
Primary Registration District No. 3113C

File No. 5021  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

BABY THORNTON (Stillborn)  
(a) Residence, No. HUNTSDALE St., \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED STILLBORN (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBY 11th 37

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
X X X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STILLBORN  
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) HUNTSDALE

13. NAME CONRAD THORNTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOONE CO

15. MAIDEN NAME JEWELL POE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARROLL CO

17. INFORMANT Conrad Thornton (ADDRESS) HUNTSDALE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MT NEBO DATE FEB 11 37

19. UNDERTAKER R.O. WILLETT (ADDRESS) COLUMBIA

20. FILED Mar 8 1937 Mrs Susie Wood Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBY 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Stillborn to Feb 11, 1937.  
I last saw live on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6 A. m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance \_\_\_\_\_  
Name of occupation \_\_\_\_\_ Date of \_\_\_\_\_  
What was the 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) Alphonse J. Stank M. D.  
(Address) Eastbourne Mo

WITH FADING 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.

