

JAN 18 1938

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

Do not use this space.

47

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township \_\_\_\_\_ Primary Registration District No. 3015  
 City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Addie Thrushell 1024  
 (a) Residence, No. 708 N 348 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.

File No. 45493  
 Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1871

7. AGE YEARS 66 MONTHS 2 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Austin, Cass county, Mo

13. NAME James R. Maynor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Mo

15. MAIDEN NAME Candora Maynor

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

17. INFORMANT Jack Thrushell (ADDRESS) Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 11 4 38

19. UNDERTAKER Consensus Best (ADDRESS) Clinton, Mo

20. FILED Jan 8 1938 J. R. Hampton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1937, to 1-2, 1938

I last saw him alive on 1-2, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Hemiplegia of Side  
Hypertension  
Nephritis Chr

Other contributory causes of importance:  
131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Ed. C. Bellor, M. D.  
 (Address) Clinton, 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.

Reba

