REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Francios
Township Randolph
City Leadwood (No. ..... , ..... St. ..... Ward)

Registration District No. 33
Primary Registration District No. 6024 B

File No. 22828
Registered No. 16

2. FULL NAME John Thornton 653

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~# ##~~ Genora Thornton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/10/1889

7. AGE — YEARS ~~49~~ 48 — MONTHS ~~10~~ 9 — DAYS ~~24~~ 26 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, Mo 0

FATHER
13. NAME Daniel Thornton 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary Cooksey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Harvey Benton ~~#####~~ Leadwood, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankclay DATE 6/17, 1938

19. UNDERTAKER (ADDRESS) John Boyer Leadwood, Mo

20. FILED 7-10, 1938 W. E. Aulmeyer Per B. K. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1938, to 6/15, 1938
I last saw him alive on 5/15, 1938. Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

Cancer of liver — Date of onset

46

Other contributory causes of importance:

Name of operation ..... Date of .....
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? no
If so, specify .....
(Signed) J. P. [illegible], M. D.
(Address) Irondale, Mo

WHITE 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.

I X9314

St. Francis

Leadwood

John Thornton

male white widower

Genora Thornton

8/10/1889

40 1 24

farmer

Bonne Terre, Mo

Daniel Thornton

Mo

Mary Cooksey

Mo

Harvey Benton

Leadwood, Mo

Frankclay 6/7 58

John Doyor

Leadwood, Mo

Irondale, Mo

6/15 58

4/10 58 6/19 58

in 5/19 58

8 A

Cancer of liver